THE AMERICAN
JOURNAL OF NURSING
VOL. XXI APRIL, 1921 No. 7

EDITORIAL COMMENT

KEEP UP YOUR ASSOCIATION MEMBERSHIP

Every nurse should keep up her membership in our state and national associations, for many reasons, the chief one being that if she is a good soldier, she will want to count one in the great nursing army. Each of us inherits many benefits which result from the efforts of our predecessors; it is now our privilege to help improve conditions for our own and for future generations. A lesser and more selfish reason for keeping up our association ties is that membership in the American Nurses' Association is one of the eligibility requirements for obtaining a scholarship from the Isabel Hampton Robb Memorial Fund or for obtaining help in time of need from the Relief Fund.

We are often asked, "How may one join the American Nurses' Association?" and we reply, "Through the state association of one's actual residence." This state membership may be accomplished in one of two ways. When a nurse graduates, she quite naturally joins her alumnae association; if her school is one of acceptable standards, and if she continues to live in the same city, that act, alone, makes her a member also of the district association (where there are districts), of the state association, and of the American Nurses' Association.

If a nurse moves away from her own district, the problem is still simple, though different. In this case, although she may retain membership in her own alumnae association, as a non-resident, she drops out of district, state, and national membership in that old locality. She must now make herself a part of the community of her actual residence, in order to retain membership in the American Nurses' Association. If this state is divided into districts, she should join the district association as an individual member. If not, she should join the state association as an individual member.

There is still another problem to be solved,—that of nurses who are not stationary or who are out of the country. Nurses who have gone to another community for their health and who are soon to

return home, nurses who are in the Army or Navy, and those who are serving in other countries as missionary nurses, are allowed active membership in their own alumnae associations, as that is the only way in which their membership in the American Nurses' Association can be retained.

Some Army, Navy, and United States Public Health nurses, who have long appointments, join the state and district associations of their residence, and are a great help in local or state work; but those who do not know what the next turn of fortune's wheel will bring them, should keep up their alumnae membership with all that it offers them, even if they are never at hand for an alumnae meeting.

The League Convention

All nurses, whether League members or not, are invited to attend the convention to be held in Kansas City, Missouri, April 11-14. For particulars, consult the announcement in the department of Nursing News. Nurses holding executive positions in hospitals or training schools, and those engaged in teaching, will find these meetings particularly helpful.

Sectional Meetings

We learn that two sectional meetings are to be held in this, the odd year, when no convention of the American Nurses' Association is due. As before, the upper corners of our country are the active ones,—the northwestern and the northeastern.

In the northwest, the states of Idaho, Montana, Oregon and Washington are planning for a joint meeting on June 22, 23, and 24 in Portland, Oregon.

The New England group, comprising the five New England States, is a definitely organized association, with by-laws, officers and dues. This group will hold its biennial meeting in Concord, New Hampshire, May 10, 11, and 12. The programme promises to be of great interest, with special reference to nursing problems of the present time, and it is hoped that all New England nurses will keep these dates in mind and will plan to attend the meetings. Doubtless the state secretaries will be able to give definite information regarding place of meeting and hotels, to inquirers in their own states.

The Survey of Schools of Nursing in Missouri

A JOURNAL reader sends us the following account of the nursing survey in her state, recently made by Sara E. Parsons:

Since October 1, Sara E. Parsons has been working in Missouri, making a statewide survey of the nursing schools. This survey was undertaken through

the initiative of the nurses, themselves, who deplore the low standards, which they realize exist, and who are determined to raise these standards, if that is at all possible. At any rate, the first step was to take an account of stock and find out exactly where the state stands regarding nursing education. It seemed unlikely that the educational standard of the nursing schools should be high, since that of public education, generally, throughout the state is low,—Missouri having the unenviable reputation of ranking thirty-fourth in the amount appropriated for education, and forty-sixth in the amount appropriated for public health. An interesting feature of the Missouri survey is the fact that it was not only initiated, but has been financed, by the nurses, themselves. Every graduate nurse in the state, through the district organizations, was asked to give one dollar toward the fund. The amount needed was raised without difficulty, and Miss Parsons has now completed her work. One object in making this survey was to obtain accurate facts upon which to base an amendment to the Nurse Practice Law of the State. Here again the nurses have shown their devotion to the cause of higher education and elevation of standards by bringing Mrs. Helen Hoy Greeley to the state convention in October to discuss the existing bill to suggest changes and methods of procedure. A legislative committee was appointed at the convention and several meetings were held before Mrs. Greeley returned to Washington. Since that time a new bill has been drafted and Mrs. Greeley is now in Jefferson City in the interest of the nurses. An office has been established for her, a stenographer provided, and Miss Parsons will work with her. The additional expense of legislation will be met by subscriptions from the nurses of the state. This time each nurse is expected to contribute five dollars to the fund. Whatever the present outcome may be, nothing will have been left undone in the effort for improved conditions.

The major changes in the bill provide: (1) mandatory registration of nurses and attendants: (2) the establishment of courses for attendants; (3) a gradual raising of educational requirements for admission to nursing schools, until the requirements will be completion of a high school course; (4) the appointment of an educational director, who shall visit the schools regularly in the interest of nurse education.

Progress of State Registration

In many states there is legislative activity, either in the form of providing new and better laws, or in combating injurious amendments to those now in force.

In Arizona, a bill for state registration of nurses has been passed, has been signed by the Governor, and therefore becomes a law. We hope to publish the text of this bill in the May JOURNAL.

In Ohio, a bill has been introduced in the legislature which would abolish the secretary of the State Medical Board, who is also secretary of the Nurses' Examining Board, and would provide for a director, an appointee of the Governor, not necessarily a professional person, who would exercise authority over the medical, nursing, dental, and other professional boards of the state.

In Wisconsin, the State Board of Education and the State Board of Health are rivals in asking the nurses' examining committee to

come under their jurisdiction, while the Medical Examining Board would like to retain it as part of its work, the condition now existing. The nurses of the state wish, under whichever board they find themselves, to have a full time secretary who will also inspect nursing schools.

In Texas, the nurses are anxious to improve their law, but a senator whose bill for a one-year training was defeated several years ago, is lying in wait to oppose them, so success seems doubtful.

In Indiana a bill lowering the present standards of nursing education has been killed and another has been introduced giving the Nurses' Examining Board power to employ an educational director. It is hoped that the latter will become a law.

West Virginia is considering legislation having for its object the training and examination of practical nurses.

In Michigan, a "Nurses' and Attendants' bill" is being presented to the legislature.

We are glad to publish all laws or amendments which are actually passed and which become law. Will all concerned with nursing legislation keep us informed and send us three copies of each successful bill?

A Child Health Demonstration

The National Child Health Council consists of representatives of six national organizations which are either wholly or partly engaged in health work for children. One of the ultimate goals of the council's efforts will be the development of a comprehensive and well balanced child health programme on a national scale. Therefore, members of the council feel that it is especially appropriate that a demonstration of what such a programme can be should be carried out in some community with the coöperation of all who are joining in the national movement. The place selected for this demonstration will be announced later.

The Lists of Accredited Schools

Requests are constantly received for copies of the List of Accredited Schools, prepared by the Publication Committee of the American Nurses' Association, early in 1920, and sold for $1.04, which includes postage. As the edition is now one year old, it has been decided that in lots of 25, the books will be sold at half price, that is, $12.50 for 25 copies. The price of single copies remains the same.

An Appeal for Knitters

The Service League for the Handicapped, of Chicago, an organization working for the civilian handicapped of the nation, asks

for volunteers to knit stump socks. Wool and needles may be purchased from the organization which will send directions, on request. This League is supported largely by membership fees and voluntary contributions; it is endorsed by the Chicago Association of Commerce.

News of Interest to All

M. Adelaide Nutting, director of the Department of Nursing and Health, Teachers College, New York, is having her Sabbatical Year and has sailed for Algiers with members of her family, to spend some weeks or months in relaxation.

Ella Phillips Crandall, former Executive Secretary of the National Organization for Public Health Nursing, has undertaken a year's work in New York City in making a study in community organization for the self support of health protection of mothers and young children. The associations participating in this study are the Maternity Center Association, the New York Diet Kitchen Association, and the Henry Street Settlement.

Katherine Olmstead, a graduate of the Johns Hopkins School of Nursing, who has been prominent in various kinds of public health work, has sailed for Geneva, Switzerland, to assist Alice Fitzgerald, as associate chief nurse of the League of Red Cross Societies, and as director of public health nursing. Thirty-four countries have asked for help in organizing their public health work.

Mary E. Lent has resigned her position with the National Organization for Public Health Nursing, to become chairman of the Donors' Committee of the Johns Hopkins School of Nursing Endowment Fund. The Alumnae Association of this school has been working quietly on an endowment, for several years, but it has now transformed that quiet effort into an active campaign. It is believed that the effort to endow the Johns Hopkins School will benefit other schools as well, for it will help put nursing education on a higher plane and will gain for it the recognition it should have as a serious branch of learning. We may all, therefore, help the efforts of the Johns Hopkins nurses in every possible way and heartily wish them success.

An Explanation

In the February JOURNAL, page 287, we announced a combination rate of $4.50 between this JOURNAL and the *Pacific Coast Journal of Nursing*. This has been mis-read by some, as meaning a combination of *The Public Health Nurse* and the *Pacific Coast Journal*. *The Public Health Nurse* has no combination rate with either of the other magazines.

THE NURSE AND HER RELATION TO IMMUNOLOGY ANTIGENS AND ANTIBODIES

By Robert A. Kilduffe, A.M., M.D.
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Even a cursory glance at the history of the development of medicine will disclose a constant tendency toward measures aimed at the prevention of disease. Even in the primitive days when diseases were looked upon as manifestations of the disapproval or anger of the gods, or as resulting from the machinations of demons and evil spirits, we find, in the early writings, much prominence given to directions for propitiating and appeasing the various influences held responsible, with the idea of warding off the diseases thought to result from their evil influence.

With the discovery of bacteria and protozoa and the gradual evolution of an understanding of the mechanism whereby they produce pathological effects, the efforts to counteract and prevent their activities became more systematized and intelligent so that the present century finds preventive medicine securely placed upon a sound and scientific footing and ever advancing in its warfare for the eradication of disease.

The history of nursing, likewise, shows a constant trend in the same direction, the more marked because it has taken place in a relatively short time. It is not so very many years since the days of Sairey Gamp whose attention was focussed less upon the patient than upon the brown bottle on the mantelpiece; or from the days of Florence Nightingale, the first to realize that nursing involved, not only the care of the sick, but the prevention of the further ills which might befall them, to the nurse of today whose greatest endeavors are directed not only to care of the sick but to the safeguarding of the well,—in a word, preventive medicine.

It is not enough, however, to rely upon the education of doctors and nurses alone. A most potent weapon in the fight against disease lies in the education of the public, and it is in this connection that the nurse stands in a most important and strategic position arising from her close and intimate relation to the public whom she serves, for often a clear and simple explanation from her, an intelligent answer to the question of some "doubting Thomas" will be of more value than a host of public lectures or articles in popular magazines which often fail to reach those for whom they are most intended.

It is evident, therefore, that if the nurse is to act as a medium

for the dissemination of information to the public, she must be well grounded in the subject which she is to teach and it is the purpose of this paper to consider from this standpoint the practical relations of the problems of immunology to the prevention of disease.

The use of serums and vaccines has become so common as to cease to arouse much interest and to be looked upon as a matter-of-fact procedure by the nurse, surrounded and harassed by a multitude of duties, and her curriculum is, as a rule, so crowded as to leave neither room nor time for a consideration of the principles upon which their use is based,—and yet, if she were able to express those principles in simple language there would, oftentimes, be a heavy mortality in the ranks of the various "antis" and of those who object to the use of serum "because it is such a strain on the heart."

The principles of immunity may be briefly expressed. Immunity may be looked upon as a term expressing the power of an individual to resist disease, or, if amplified, to resist the effects of micro-organisms or their products which are pathogenic for other individuals of the same species.

It had long been known as a matter of common observation that individuals who had suffered from an attack of certain diseases seldom, if ever, again contracted the same disease; and, moreover, that certain individuals under the same circumstances of exposure, apparently were not susceptible to the disease at all. Two things were obvious: in the first instance, something must have been produced in the body of those recovering from these diseases whereby they were thereafter protected; and in the second instance, something of a protective nature must have been present in the bodies of those who were not susceptible.

To find out what these substances were, how they were produced, and whether or not they could be produced at will and transferred from one to another, were the objects of studies culminating in our present knowledge and application of the principles of immunity in the prevention and treatment of disease in general.

Two terms at once appear and reappear in the literature of the subject which it is necessary to understand: antigen and antibody.

If, as a result of the introduction of an infective agent into the body, something is produced which will protect the body against further onslaughts, then the infective agent must in some way, have generated against itself, some antagonistic body,—whence come the terms antigen and antibody.

An antigen, then, is any substance which, when introduced into the body, will give rise to the production of substances capable of acting against it, or antibodies.

An antibody is a specific substance produced by the cells of the host in reaction against an antigen.

Among the substances so derived are:

1. Antitoxins: specific substances capable of neutralising specific toxins, the term specific denoting the fact that a particular antitoxin will combine with and neutralize only the toxin which caused its production.
2. Agglutinins: specific substances capable of causing agglutination or clumping of the agent (antigen) causing their production.
3. Precipitins: specific substances capable of causing precipitation from solution of the substances causing their production.
4. Opsonins: specific substances capable of so acting upon bacteria as to render them more susceptible to destruction by leukocytes (phagocytosis).
5. Lysins: specific substances capable of causing lysis or solution of their antigens.

Numerous theories have been advanced to explain the intricate mechanism involved in the complex process resulting in the production of these substances of which the most prominent and, all in all, the most satisfactory is the Side-chain Theory of Ehrlich.

Originally evolved to explain the nutritive processes of the cell, the theory has been adapted and enlarged to cover what is thought to be the mechanism concerned with antibody formation. It must be emphasized that the entire theory is hypothetical.

Ehrlich visualizes the cell as possessing two executive centers, as it were: one presiding over the function of the cell as, in a gland cell, to secrete; and one which controls and superintends the processes of nutrition, waste, and repair. It is with the latter that we are particularly concerned.

If the cell is to live it must be nourished; to be nourished it must be able to grasp, absorb, and utilize food molecules in its vicinity. It is easy to visualize, in a purely diagrammatic way, this ability by imagining various outgrowths from the cell capable of combining with certain food elements,—these outgrowths being called, by Ehrlich, side-chains.

The picture thus obtained is analogous to and, indeed, derived from the graphic method of presenting chemical formulae. For example, instead of representing the ability of one atom of oxygen to combine with two atoms of hydrogen to form water by the formula H_2O, we may indicate it by the graphic formula $O\langle_{H}^{H}$ in which the combining ability of the oxygen (O) is represented by two receptors or side-chains to each of which is attached an atom of hydrogen (H).

In similar fashion we can imagine the combining ability of the cell to be represented by projecting side-chains or receptors each specific and adapted only to a certain substance. Among these would be side-chains for union with a toxin, for example.

However, as a result of the union of toxin and receptor the latter is destroyed, injuring the cell in this respect.

Here we leave Ehrlich, temporarily, and turn our attention to the investigations of Weigert. As a result of his studies on the mechanism of repair after injury, Weigert noted the prodigality of nature in its reaction to injury. He found that, in cells having the ability to repair damage done to them, the reaction was always in excess of the damage. In other words, if one cell only had been destroyed, the body replaced it by an excessive reproduction of cells of that type, and this fact is embodied in what is known as Weigert's Law of Overproduction in Repair.

Applying this law to the formation of antibodies we find that one toxin receptor having been destroyed, the cell, in its efforts to replace the receptor, produces not one, but a large number of similar receptors. There is only place for the attachment of one to the cell,—what becomes of the others? They remain free in the blood stream. Each has the same structure as the original; each has, therefore, the power of combining with a toxin molecule and thereby preventing it from acting directly on the cell and causing injury; and each is, therefore, a free antibody, in this case a free antitoxin.

This, in brief, is the nucleus of the side-chain theory of Ehrlich upon which our present explanation of the mechanism of immunity depends.

A consideration of the practical applications of immunology in the treatment and prevention of disease will be discussed in a later paper.

THE ALUMNAE ASSOCIATIONS: THEIR POWER AND THEIR RESPONSIBILITIES AS AFFECTING THE SCHOOLS, THE GRADUATES, AND THE COMMUNITY[1]

By Adda Eldredge, R.N.

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This subject is one of the most vital that the nursing profession faces, the alumnae associations forming, as it were, the backbone of its organizations. At various times, doubt has been expressed as to the wisdom of the reorganization of the American Nurses' Association, for some have feared that the alumnae association would lose its prestige and thereby its importance be lessened to the new graduates.

[1] Read at the annual meeting of the New York State Nurses' Association, Albany, October, 1920.

In the establishment of the American Nurses' Association, the alumnae association was the only form of organization which we had and which could be brought into existence in all parts of the country, but as time went on, and state, county, city associations, and even clubs, were admitted into its membership, it became unwieldly, with much duplication of membership, and with the state associations exercising less influence, in some instances, than did the older alumnae associations. The reorganization which changed this and placed the state as the unit in the American Nurses' Association; the district, in the state; and the alumnae, in the district; gave the alumnae association for the first time its proper relation to the national association and placed upon it the greatest responsibility of all,—that of the decision as to the individuals who make up our organizations, applying the standards for membership, as to professional honor and general morale. This leaves it as the great connecting link between the school and the profession, standing as a sponsor for the young graduate whom the school has selected, trained and, it is hoped, inspired, before sending her out to join the ranks of those engaged in the great battle for health. The alumnae association may have to correct the mistakes the school has made; it may have to add to the education there begun. Does it always see this responsibility?

Why have we founded these associations? What are the powers we delegate to them? What are the privileges we expect from them?

The objects vary but little. Most alumnae by-laws state that there is organization to promote a closer unity among the graduates of the school to uphold a code of ethics, raise the standard of nursing, and some add, as the case may be, to provide a sick benefit or to furnish and maintain an endowed room for the graduates who are members in good standing. It is needless to say that our alumnae associations have done these last-named things, as well as giving financial support to our various national funds,—The Isabel Hampton Robb Scholarship Fund, the McIsaac Loan Fund, the Nurses' Relief Fund.

A letter from Miss Nutting, whom I consulted on this point, says:

> There is, of course, a considerable difference between the direct purposes and problems of a college alumnae, for instance, and the alumnae of a professional school, but in general aims and ideals they are enough alike to make a study of either association helpful. The guiding principle in each is that of mutual aid as an essential factor in human progress and all such associations do obviously rest on the basic idea that about the worst evil in the world is selfishness. * * * It is by such improvements, which do not come about through isolation from one's fellows, but by constant association, that we advance the status and the power for good of a body of workers * * * and only in this way do we maintain the "honor and

dignity" of a profession. * * * Only by a friendly association can we really know the problems of our fellow workers or can we find a way of imposing some restraint on the egotistic, self-advancing members, or help to keep the weak and unstable members in line.

The history of Trade Unions affords an interesting and important study for us, since in origin and nature they really rest upon such a high ethical foundation, —they make for the beginnings of self-government and a training in self-government, and the subordination of self to larger interests.

John Mitchell, in his most interesting book on labor or trades unions, states: "Trade unionism is based upon the idea of free working men united for the purpose of fixing conditions of labor." Whatever we may have decided to-day, it is most certain that our first alumnae associations had no idea of "fixing conditions of labor." They were rather associations for mutual help and improvement and in many instances were for recreation, with occasional lectures by the medical profession. The hospital and the medical profession fixed our conditions of labor and when, to-day, nurses are more or less trying to fix those same conditions, it is considered as commercialism, and a loss of ideals is thereby supposedly proved. I cannot remember having seen any alumnae by-laws in which "protection" and the "improving of our condition of life" is so much as hinted at. That all the benefits for which we are striving are also incidental to a labor union, is undoubtedly true, and there are yet other benefits which we ought to be gaining. Mr. Mitchell says: "Members learn that each member is entitled to a hearing—and thereby learn tolerance of others' opinions, even when they do not agree with his."

Most of our alumnae associations stand for the establishment of a code of ethics. Has a definite code ever been adopted by our profession or by any branch of it? Tradition has it that when the Associated Alumnae was established, Dr. John Billings was consulted and advised against a code, saying: "Be good women; that is enough." The American Medical Association has, I am sure, such a code, to which its members subscribe. The apparent inability of both nurses and the public to distinguish between etiquette and ethics makes it possible that a code of ethics might be helpful. The Golden Rule might be adopted, as nothing applies better in nursing.

We have touched on what is being done "for mutual aid" within our associations, but most of our alumnae give their aid to many causes which the sick benefit could not reach, such as the Memorial Fund, the bill to secure relative rank for Army nurses, etc. Many are trying to establish pension funds.

In raising the standard of nursing, the alumnae have also done their share by furnishing funds and workers in obtaining better laws governing the profession. Some alumnae associations are now

engaged in an effort to raise funds for the endowment of their schools. Others have given and are still offering scholarships to their graduates. These are most desirable objects and yet we are not satisfied.

We have stated that the alumnae associations are responsible for the personnel of the American Nurses' Association and for maintaining its standards. Is this responsibility always appreciated by the associations and guarded accordingly? To quote from an article which outlines some of the duties of an Alumnae: "To exclude or expel unworthy individuals; to censure or warn backsliding members; to expose, so far as it can be legally and honorably done, the wrong and injuries done to our best standards; and to check harmful tendencies as we may meet them."

Could not complaints of failure in duty or obligation on the part of its members be taken up by the alumnae which has a threefold interest, not only justice to the public which it serves, but to the nurse herself, who too often is not heard, and the maintenance of the standards of the whole nursing organization which are challenged by any failure of the individual. I have no doubt that many of the criticisms to which the nursing profession is subjected could be met and the differences settled at this source.

Many alumnae associations ask for advice as to what can be done to interest the members. "Nothing will bring them out but a party or a discussion of hours and prices."

Healthy signs, both of them, if properly guided. Who does not like a party? It means a change, something different. No one needs a change, re-creation, more than nurses do. Perhaps we shall have nurses graduated who are immediately interested in the profession as it concerns *all*, and not just self, when the nurses trained with recreation and work going hand in hand get out among us. But most of the nurses in the alumnae to-day are thinking in terms of self, because no one else thought of her during her two or three years of training. She wants to sit still and be entertained, but she is bored if she does, as is everyone who is not *sharing* in all activities. Give her something to do. A paper to write opens limitless possibilities of interesting reading. Telling of her own work makes her take an interest in that of other people. Trying to get people to work and being met by the countless excuses, makes one understand the parable of the Bible and brings to mind "They then with one accord began to make excuse." The rebuffs met have made some women vow they will ever after do what they are asked. As to those who are interested in hours and prices, let them make a study of prices with regard to the cost of living in certain localities, not only of nurses, but of others in similar lines of work. A study of a given number of cases and

the number of hours of actual work done by nurses would be of immense value and is needed in the adjustment of charges, in every state in the Union.

In the report of the sixth annual meeting of the Associated Alumnae, there is a very illuminating paper on "How to Prepare Our Student Nurses for the Duties of the Alumnae." Miss Walker, the author, speaks of the importance of the selection of graduates for hospital positions because of their part in the education of the student. Might not our alumnae associations see, right here, an opportunity for concerted action,—for not less than the officers of the school are the graduates on special duty responsible for the ideals, viewpoint, and general behavior of the student nurse on graduation. Here the alumnae association will reap as its members sow. The superintendents are helpless in these times of need; they must take the graduates regardless of their morale. Should not the alumnae association assume the responsibility for its members? Here is a chance for a code of ethics in carrying out the hospital etiquette.

Miss Walker, in enumerating the methods of educating the student for her alumnae duties, goes on to say: "She should study nursing history, be drilled in parliamentary law, be taught to formulate thought and opinion, and to express herself in a businesslike manner, and be taught the needs of the community." She then quotes the following from Kropotkin: "Every specialist or expert ought to know the work of other specialists or experts to understand and sympathize with what they have to do." In fact, Miss Walker felt then that the schools should do what many of our schools are trying to do to-day, to send out broadminded, thinking women, knowing something of many fields, and with a foundation in her own field which will stimulate her to action and make her realize that she has but just begun, at the bottom of the ladder, and must climb, working shoulder to shoulder not only with those in her own profession, but with others, taking an intelligent interest in the work of others. As health, which is her specialty, is the root of the nation's prosperity, she must take an intelligent interest in the affairs of the nation, realizing that in national affairs we have the same divisions of national, state, county, and city, and that here as in our own profession, all depends on the individual.

While this is our conception of the duty of the school in the education of the nurse, it was not until recently that the superintendent of nurses had either the time or the assistants necessary to put it in practice, so to-day, in most cases, this education of the new graduate to her responsibilities rests with the alumnae association.

The alumnae association must plan so that its meetings are

carried on strictly according to parliamentary law and its members drilled to its usage. Much unhappiness and strife could be prevented if this were done.

Presidents sometimes do not control the meeting, some even do all of the talking instead of presiding and guiding; members do not discuss the matters presented at the proper time, i. e., after the motion is made or, in fact, at the meeting, and refrain from voting, when not pleased with the motion, seemingly oblivious to the fact that if they do not vote, they are practically voting with the majority.

When we speak of the Alumnae as filling out where the school has failed, do we not see a new responsibility devolving on the association,—that of letting the board of directors know where the school is failing? Who knows this as well as the nurse, who sees wherein her school has failed from what she, herself, lacks? A mistaken sense of loyalty sometimes makes a nurse claim a satisfaction with her school which she does not feel and which is not justified. Disloyalty makes others criticise both superintendent and school in a most unwise and unguarded manner. There are two kinds of criticism, destructive and constructive. The former may be given at any time and any place, without knowledge of the facts, before strangers, and where it will do a vast amount of harm from the lack of correct information on the part of the listeners; this in plain English may be called gossip. The other is given after thought, investigation, and a careful study of the facts, with a clear idea of a remedy, and it is given to the proper authorities at the proper time and place.

Let me give some examples: a subject is up for consideration before the alumnae, the motion is made and seconded, thrown open for discussion, voted upon, and carried, and you and I did not discuss it, nor vote against it; we did not vote at all, but when the matter has been decided by the vote of the *majority*, we criticise it and disapprove of it. This is destructive criticism,—gossip. The same is true of a nurse who discusses her superintendent or her school in a public place instead of going, if her criticism is upheld by the facts, to the superintendent, or the training school board. She is also indulging in destructive criticism or gossip. Any superintendent worthy of the name is glad of constructive criticism. Ought not matters worthy of repetition and to which the superintendent's attention should be called, be taken to the Executive Board of the Alumnae and, after due investigation and study of the facts, be presented to the training school authorities through dignified action of the Alumnae? Also it would seem true of our schools, as of colleges and universities, that a member of the Alumnae should be on the board of the school; she should be an educated, broadminded woman, unafraid. Such an

one would be the right hand of the superintendent, in getting the nurse's viewpoint to the Board; she would be a valuable advisor to them in the matter of getting to the public the proper information as to the needs of the school.

Two remarkable factors in the controversy as to the content of a nurse's education, to-day, is that the question always asked is: What do the doctors say? Not, What do the nurses say? The doctor himself tells what the nurse needs; he does not ask, What have you, in your work, found that you need?

Another responsibility of the Alumnae is welcoming and supporting a new superintendent, even when she is a graduate of another school. This would bring a new era. The Alumnae should be the first to realize the value of new ideas, of new blood. It has taken even till to-day, in some parts of the country, to realize that one school can give as good a training as another and turn out as capable, or perhaps more capable, women. Will our alumnae associations be the first to take the true university idea that the biggest, best prepared woman is the one they want for their school and not continue the old plan of the best woman, *if* a graduate of *our* school; if not, then we must have a poorer one, for first and always she must have been graduated from "our school." Many a superintendent has failed from no other cause than the enmity of the alumnae,—because "she is not of us."

In the present crisis through which our schools are passing, there is no recruiting agency so valuable as the alumnae. The graduate who criticizes her school in a thoughtless or exaggerated way, or the graduate who talks to strangers of the hardships and lack of appreciation shown the profession, are the kind who, after twenty years of nursing still talk of the nurse's life being only from seven to ten years. Be she young or old, she is the kind that is sorry for herself and yet never has time or interest to give to her organization. She is the greatest hindrance to our recruiting that can be found. She who sighs over the "inferior type" of the students of do-day, who is sure that the shortage of applicants is due to too high standards, seems utterly unconscious of the contradiction and has no idea that she is contributing to the shortage. Should not the Alumnae try to educate its members from such thoughtless habits of negation? Should not the Alumnae try and keep pace with the school and with science? Any medical book that is more than ten years old and which has not been rewritten nor revised is no longer of much use, (which perhaps is why the medical staff makes periodical donations to the training school library) except for certain fundamental things which are always true.

Science is overturning all theories every little while and then methods change. Is not the graduate who has never taken a post-graduate course, never bought or read nursing or medical magazines, never read any up-to-date books, very much like those medical books? She is probably very proficient in bedside care, but is she in a position to pronounce judgment on nursing education?

The alumnae association should promote among its members mutual understanding of subjects pertaining to the profession of nursing, particularly as taught in and relating to the school from which its members graduated. It should be a forum where its members are prepared for duties in the district and the state, and it should have a special supervision of the ethical standards and performance of its members. To this we might add that the alumnae association should use this forum to prepare its members to exercise the rights and privileges of citizenship which have been conferred on women and which should be used by professional women with the greatest care.

We have been used to hearing nurses make excuses for their neglect to inform themselves on subjects of city, state, and national policy on the ground of lack of time, lack of interest,—all the usual excuses—but to-day no woman, and least of all one engaged in a work so vital to the nation as restoring and maintaining the health of its citizens, can plead any of the old excuses, she is an enfranchised citizen and as such upon her rests an obligation. Her alumnae associations should help her prepare to perform these in the wisest manner by bringing to its meetings those who can inform her.

In closing let me quote from two of our most valued women: Miss Palmer said, years ago: "Organization is the power of the age, without it nothing great can be accomplished and all questions having the ultimate good of the profession in view, depend upon united action for success."

Miss Dock, in writing on our national organization work, quoted the following:

> The nation devolves all that it can upon the state, the state on the county, the county on the township, the township on the individual. It is to be hoped beyond a doubt that the merits of the individual as regards character and ability are what they should be,—remembering that upon these two qualities rest the honor and universal acknowledgment of our organization.

THE ATTITUDE OF THE PUBLIC TOWARD A NURSE'S TIME

By Ruth Birchard, R.N.
Cleveland, Ohio

A. is a wealthy, influential man convalescing in a private room in a hospital. C. is a nurse on general duty.

Circumstances: Fresh linen had been placed in the room, early in the morning. C. entered to give a bath, looked over the linen and found some missing.

A. I think there is a great deal of mismanagement about the linen in a hospital. Now that linen has changed hands several times this morning. One nurse comes in and leaves sufficient for the room. Another nurse comes in and takes something she wants from it. Then some one else comes in and takes a piece. When the first nurse comes in to fix up the patient, she finds she has not enough, and goes off to hunt it up, instead of giving the patient a bath. It is a waste of time.

C. Well, I guess it will always be that way; no matter how much linen there is, it is all used. It is the same in every hospital.

A. But it should not be; a little management would remedy it.

C. Well, you know how it is in an office; some people are careful, exact, and always have things in order, but there are always some who use up all the stationery, no matter how much there is, and they are not the ones who see that it is replaced. It is the same the world over.

A. But I don't see any need of it in regard to the linen in a hospital, when it goes so far as to interfere with the patient's comfort. A system could be easily worked out.

C. It might be well to offer that suggestion to the hospital management. I heard a lecture on Hospital Administration in which it was shown how little things count up in a large hospital. The fact was brought out that if each nurse were to leave from one-fourth to one-half ounce of butter in her plate at each meal, it would mean a waste of from one to two cents per person, when butter costs sixty-four cents a pound, or four cents an ounce.

A. That would mean about $8 a day, if there were sixty nurses.

C. My reaction to that lecture was as follows. The next morning there was a line of twenty-five nurses waiting for the breakfast to be served, and because of the slowness of the serving, I began, while waiting, to figure the time lost, if each nurse waited for ten minutes. I found that even at the lowest rate of allowance paid the nurses, it amounted to $10 worth of time for one meal. A maid would be glad to do some speedy work at that price.

A. But that is different.

C. How so?

A. Well now, if a bricklayer, who lays so many bricks per hour, lost ten minutes, so many bricks would not be laid.

C. A nurse does not lay bricks, but her time is as valuable to her, as anyone else's time is to him.

A. It never has been that way.

C. It has never been recognized as "that way," but it will have to be, in the future, because nurses cannot live on ideals in this day and age.

PSYCHIATRY FOR THE STUDENT NURSE

By Christine Beese
New York, N. Y.

In reading the current articles in the mental hygiene magazines of to-day, one is struck by the fact that so much stress is put upon the subject of special training in Psychiatry for social workers and so little is said about the training of the student nurse in this branch which would seem to be as necessary to her equipment as any other single branch of training.

No training school would consider the omission of a course in obstetrics, yet class after class is graduated which has heard scarcely a lecture on mental disease and with no special experience with psychiatric cases.

Of course the nurse meets the mental and nervous element in every case of physical disease or injury with which she comes in contact, but never having been taught to recognize this element, its significance escapes her. She pushes aside all consideration of the mental complication of a fracture, for instance,—which is there, even if it is not noticed by the untrained person. The mental derangement should be reckoned with, if the personality of the patient is to be given its just due. If his mood changes, which he can control no easier than he can control the rise of his temperature, it is felt by the nurse to be an expression of his normal mind. She disapproves and becomes irritated; in spite of her efforts to the contrary, she shows it, and a disastrous antagonism grows between them.

If this is true in a fracture case, how much more important the psychiatric viewpoint becomes, in caring for a case characterised by fever, where the physical and the mental play about equal parts. Many tragedies occur through the carelessness of nurses who, by lack of constant watchfulness, do not make it impossible for their patients to get out of bed and wander about in the cold with perhaps

fatal results, or worse yet, come to harm by more violent methods. Perhaps it is unkind to call this failure in preparedness, carelessness, when it happens because the nurse has not been taught that the psychosis is there, even if the patient is not actively delirious, and to foresee its possibilities and recognize its earliest signs. Innumerable catastrophes could be prevented if nurses knew the importance and value of realizing that there can be no physical disturbance without its mental complement.

The Army School students have had exceptional opportunities in many ways, their course was elaborately planned and many new ideas have been incorporated in it. Throughout, the public health ideal has been held before them and, as public health and mental hygiene go hand in hand, they are given three months' affiliation with a hospital for nervous and mental cases. While the Army itself has much work of this kind, it is easily seen that a more intimate knowledge may be gained while caring for women, and the teaching facilities are better in a specialized institution with a long established training school.

This innovation in the training of the student nurse was received with anything but enthusiasm in Army hospital circles. The students themselves were plainly frightened. For most people unfamiliar with mental disease, it is the most horrible thing imaginable, and our fear and repulsion, which most of us tried valiantly to mask, were increased by the consternation rife among our already much-tried relatives. Then the idea was scoffed at by most of the medical officers with whom we came in contact, while the graduate nurses appeared actually incensed at this additional course which nurses always have been able to do without.

The general trend of thought seemed to be that mental cases required nothing more than custodial care, that the trained nurse had no scope in this direction, and undoubtedly if the course had been optional, as it is in some training schools, many students would have been influenced by this common attitude to avoid it. Fortunately it was not optional, and we began on general principles to defend the stand our school had taken, but nevertheless we quaked inwardly and being among the first to affiliate, we had no support from our own kind.

Our group was particularly blessed in the hospital chosen for them. Perhaps we might not have been as enthusiastic over another institution, for where we expected to find rigid restrictions, we found a most delightful atmosphere of confidence and helpfulness; and where we expected tension, we found calmness, poise, and a hearty welcome from doctors and supervising nurses, who had had Army

experience and who understood our particular make-up and were interested in the aims and welfare of our school. Their first thought has been to give us every benefit to be derived from psychiatric training and we have never felt for one moment that we were simply caring for the physical comfort of unfortunate, incurable, insane patients.

The idea of the possibility of cure was thoroughly instilled, and we are taught to work as systematically along one course of treatment with as definite an aim in view, as we ever were on a surgical case. We have found our lectures intensely interesting and helpful and we have enjoyed our classes more than those in any other branch of training.

The instruction has given us an insight into many cases that were a source of bewilderment in our former experience and has opened our eyes to the sad fact that we wrought actual injury to many nervous cases that we encountered in medical or surgical work. We petted and coddled when we should have been firm, and we called the medical officers hard and tried to make up to the boys in attention, what we foolishly considered harshness on the part of the doctors. We failed entirely to get the right point of view and exhausted ourselves in endeavoring to satisfy, where satisfaction was an impossible thing, and in the end lost all patience and did not show consideration enough, perhaps. Many a wounded soldier has been permanently "spoiled" by being indulged in his neurasthenic proclivities by nurses who saw only that the patient was a hero of the war and, therefore, must have the very best; in her ignorance she failed to comprehend that the best in such conditions is an understanding of the case, the ability to carry out the treatment prescribed.

Our grasp of mental disease as a whole has been completely changed. Like most people who know nothing about psychoses, we covered our dread of this thing with a laugh and looked upon these patients, not as sick, but as absurdities to be hidden away behind walls and forgotten as much as possible. It was with nothing less than a shock that we came to see that as a rule they are above the average in intellect, and we found ourselves among a cultured class of people, many of them with considerable social background and a record of accomplishment.

The management of these people, so clever in many ways, requires the utmost tact, and we have received an intensive training in this art, so vitally necessary to the nurse. Truthfulness is absolutely required by the policy of the staff, and still we are expected to keep our patients in as amiable a frame of mind as possible while maintaining the necessary discipline of the routine prescribed for them.

It teaches us to make rapid mental adjustments, to act quickly,

to be firm in our decisions and, what is decidedly important, to keep our own emotions under good control.

Physical hygiene was among the first subjects presented to us when we entered training, but we were allowed to shift for ourselves as far as mental health was concerned. A sound physical condition and the various activities of the war workers helped to compensate for this lack, but we realize now that many a large looming, little difficulty might have been smoothed over, that the unaccustomed discipline would have been more easily assimilated, if we had been taught earlier the principles of mental hygiene. The probationer usually understands that she must face the necessary unpleasant things of hospital life, but the sudden presentation of the cruelty and sordidness of life in general, which comes through the intimate contact with patients whose environment has been bad, is often staggering and she is unable to adjust her ideas. She becomes confused and worried and, often somewhat over tired physically, she gives up the struggle and goes back to surroundings where one is not required to adopt an entirely new method of thought. Many a fine potential nurse gives up training because of the difficulty of this mental adjustment and here we have another reason for the increasing thinness of our ranks.

The second and third year nurses do not realize that their flippancy and assumed hardness produce a disastrous effect upon the beginner, who mistakes the broader outlook upon prevailing conditions as wicked tolerance. If the senior nurse stresses this leniency beyond a certain limit, she throws the new student into a sort of mental panic; she is afraid to accept these exaggerated ideas, and she drops out of the training school.

The strenuous day's work is so apt to take away all inclination to play that nurses give up trying to get away from their work. Instead they talk it over unceasingly, they dwell upon its hardships, they spend their evenings recounting all its trials and difficulties, enumerating every detail, working themselves into a state of self pity and bitterness and fault finding, little realizing the mental processes involved or their ultimate effects.

During our course in Psychiatry we have been taught the necessity of play and many ways of playing. Care has been taken in teaching us various social accomplishments, in getting us interested in sports of many kinds, and in making us understand how necessary these things are to health. We are taught to interest patients in games and we cannot overestimate the value of this branch both to ourselves and to our patients of the future.

As an all around balancing factor, we feel that our course in

psychiatry has been a wonderful success. It has taught us that some mental deviation from normal accompanies every form of physical ailment, that it must be studied and met as intelligently as possible, and that we do untold harm when we ignore it. We have had many opportunities to observe skillful handling of trying situations, we have seen the quick effect of the right word spoken at the proper moment, and we trust we have been able to acquire, if only to a limited degree, a little of the valued art of tactfulness which we have seen used with such success by the specialists in this branch of our profession. We are satisfied that our training has been rounded out, we feel a little more sure of ourselves in many ways, we have gained numerous interests, and we have learned a deep respect for psychiatrists and the work they are engaged in. We hope that nurses are not going to hand over all of this interesting service with its promising future, to the social worker. It holds fully as much for us as for them and we, who have had this exceptional opportunity, hope to spread our enthusiasm among the students in training schools where the course in psychiatry is optional or not included at present in the curriculum.

HEALTH SUPERVISION IN PUBLIC SCHOOLS[1]

BY EULA G. CHRISTIAN, R.N.
Greensburg, Ind.

The recently-elected, one-armed, president of Mexico, General Obregon, rightly sensed the spirit of the times when he made the statement that he would rather teach the Mexican people to use the tooth brush than to handle the gun. When we find, right here, in our own wonderful United States, that out of a room full of tots, only half a dozen have perfect teeth, we know that he was right.

"Every child has a right to be as healthy as present knowledge can make him," the Bureau of Education tells us, but it is a problem of psychology to decide that force is not to be used in the process of his becoming healthy. How we would like to take the child out of his present environment and mold him to our liking, for we grow to love the children, and it is hard to wait for the slow process of evolution, to gain the desired end and solve the problem of their future. We have patterned our method for the teaching of health habits on the method used by the greatest teacher the world has ever known, the Christ. He only offered to the world, sin sick and soul sick, as He knew it to be, the ideas and ideals of religious life, and though He portrayed the

[1] Read at a meeting of the Indiana State Nurses' Association, Indianapolis, October, 1920.

goal,—beautiful, alluring and worth while,—He forced it upon none. They could accept the conditions if they chose or pass them by.

We know that every act is the starting point of a habit. Our habits should be formed during the first twenty-one years of our life, and nature must be consulted, for she is not very lenient when neglected. In fact, she defies us to forget her laws, for the results of forgetting are pitiful, and in keeping her commands, radiant and glorious health is in store and assured. So, our habits make or break us.

When an appeal is made to a child's mind, we must remember that as far as possible, we must appeal to it through all the senses, to get our ideas across. We can appeal to his hearing, his sense of touch, his sight, and he must nearly smell and taste the edible looking fruit, with which he enjoys decorating the health posters.

Last year, every child, from the third grade through the eighth, made a large health poster. Original sketches of tooth brushes, healthy looking animals, milk bottles, children at play, and sleeping porches were popular subjects. Cut-outs from magazines, from fruit and vegetable catalogues, showing food we should eat, were used. One poster showed a child taking medicine, very dutifully, as a means of keeping in good health! At another time we used copies of pictures illustrating various health habits which the children loved to color, and in some instances they were beautifully done. Crayon coloring never fails in its interest.

Particularly, do they enjoy the health songs. If you want evidence, you should see them enjoy the pantomime of vigorous scrubbing, while rendering the following:

We're scrubbing to-night in the old bath room,
Scrubbing for health and cheer.
We're scrubbing to-night in the old bath room,
With a laugh you love to hear.
Scrubbing to-night, rubbing to-night,
Scrubbing in the old bath room.

In the first and second grades, we have tooth brush drills, chalk talks, and the Russian handkerchief drill. We read from the Health First Reader and use the Health Alphabet, both of which are issued by the Iowa Tuberculosis Association. These are splendid books for the primary grades.

From the third through the sixth grades, we occasionally have a written examination, to find just what each child is learning about diet and the health habits.

In all the rooms, including the high school, we have inspection days, on which days the health supervisor inspects the condition of

the hands, nails, and shoes of each pupil. One is surprised to find how much this is needed in the high school. In the grades, the pupils having well shined shoes have the distinction of being allowed to stand in front of the room in a line and counted, while the dirty shoes have to be the audience. This delights the children who have made the effort, and one will find them wiping off their shoes as they enter, to be sure no dust was gathered in coming to school.

Last year the health crusade was a signal success. This year the crusade will be county wide. Buttons and badges have an appeal for the children and the boys line their lapels with the attractive crusade badges along with those of their political preferences and religious affiliations. We are going to have monitors in the grades in each room who, aided by the teacher, will see to the proper marking of the chore folders.

For the physical examination, we have devised a comprehensive examination card. This examination is made once a year, by the health supervisor, who recommends medical care to be given by the family physician or, where there is no family physician, with the parent's consent the case is taken to the doctor appointed by the school board. On these cards, which are printed in two colors: white for the girls and yellow for the boys, there is space for the twelve years of the pupil's school life and between each year there is a space for the results, which are indicated by letters, as: C, (The defect has been corrected); N, (A note has been sent to the parents); V, (A visit has been made to the home), etc.

Our note to the parent is carefully worded, advising medical, dental or oculist's care. After January of the last school year out of approximately 950 pupils we examined very thoroughly 776 pupils, and found the following condition: 342 were underweight, 112 had defective throats or nose, 473 had defective teeth, 107 had defective eyesight, 95 had defective hearing.

At the end of the school year, we found: 90 per cent were drinking milk daily, 5 had had tonsillectomies, 2 had had adenoidectomies, 136 had had dental care, 32 had been fitted with glasses, 13 had had eyes treated, 2 had had ears treated.

These are very conservative figures, for much medical work was left for the summer vacation, and some was not reported until this year. The visible proof of our work was more spectacular than the figures. The children were cleaner, and the odor in the school rooms was perceptibly improved, as more baths were taken by the children. Their shoes were kept in a better condition, their hair is neater, their hands and nails are kept cleaner, and there is less eating of candy

and more of fruit at recess time. In the twice-a-week talks to the children, these are some of the points which are emphasized.

The health supervisor wears her white uniform while on duty. It makes a lasting impression on the child's mind to be told of health habits by one who looks the part of authority on the subject.

This year, the Physiology and Hygiene classes of the seventh and eighth grades are being taken over by the health supervisor. Illustrated notebooks are being kept of the text.

The work of the health supervisor in the Greensburg Public Schools is being authorized, under the new ruling in Indiana, that a school board may employ a health supervisor, who shall be a registered nurse and shall have passed a special examination given by the State Board of Education. In the spring of 1919, the present nurse was employed to help check the epidemic of influenza in the schools as a school nurse. That work had to be discontinued, however, as soon as the emergency was past. There is no law in Indiana, whereby a school board may employ a school nurse. In order that preventive and educational work along the line of health might continue, plans were formed and after much work by our active and interested superintendent of city schools (Elmer C. Jerman), the new ruling came into effect, thus keeping the work under the direction of the school board, giving it a more permanent basis.

This much needed preventive work is gaining headway and though the work now is like trail blazing, we predict wonderful things for the future, for though the present generation is to receive marked benefit, we feel that the next generation will show a still greater change in right living, and we are tugging at the wheel of evolution, helping it to move along at a brisker rate.

AN INTERESTING CASE

By Sylvia X. Sampson, R.N.
Fayette, Iowa

After many weeks of twenty-four-hour duty during the influenza epidemic, I decided to take a week of needed rest, simply sleeping, eating, and inhaling a liberal amount of fresh air. So I journeyed to my home, and began to carry out my program, but alas for my castles in the air! They were destined to be wrecked, for on the second day, my telephone rang, and a man's voice at the other end of the wire asked if it would be possible for me to go to a neighboring town, and from there into the country to take care of a very sick woman, who, the doctor said, might possibly be saved if given proper care for forty-

eight hours. There were five little children in the home, and no one except the father, who was himself ailing, to look after the household.

Of course I answered in the affirmative, and began at once to pack my suit-case and medicine bag, that I might be ready for the first train that would take me to my work. (The train proved to be a local freight arriving at 7:30 p. m.). I was met at the depot by a neighbor with a team and sleigh. After a drive of two and a half miles I arrived at my destination,—a tiny, one-story house of five rooms; a kitchen nine by twelve feet, a pantry six by nine, two bedrooms just large enough for a bed to be pushed up tight against the wall and to leave a narrow space in front, in which boxes and trunks, containing bedding and clothing, were placed. The space under the beds was also utilized in the same way. A living room, twelve by fourteen feet, had been turned into a sick room for my patient, a young woman of twenty-eight years. Her bed was in one corner of the room, pushed tight against the wall. A sewing machine, soft coal heater, couch, bookrack, and several dilapidated chairs completed the furnishings, and occupied most of the room.

There had been a practical nurse on the case, but she had stayed only two days, as she had insisted, contrary to the doctor's orders, on applying onion poultices followed by liberal amounts of camphorated oil, explaining to the patient that she had been practicing thirteen years and had saved the lives of many pneumonia patients by this treatment. The doctor in charge informed her that the case was his, and that she was there to obey orders, whereupon she packed her belongings, telephoned a neighbor that she was not feeling well, and asked if he would take her to the depot so that she might return to her home. This he did, and the husband was again left in charge.

When I was ready to begin work, it was 8:30 p. m. First, with the husband's help, I turned the bed so that I might get to each side of it. I then took the patient's temperature, pulse, and respiration. I found the temperature subnormal, the crisis having been passed the day before; the pulse 108, and the respiration 20. The patient was extremely weak, having taken scarcely any nourishment during her illness. She was coughing almost constantly, and had had incontinence of urine since the beginning of her illness. On her bed were a straw tick, feather bed, and red woolen blankets, all saturated. The only other beds in the house were full of sleeping children. I proceeded to give my patient a cleansing bath followed by an alcohol rub, powdered her back, put on one of her husband's shirts, in lieu of a nightgown, and slipped her across to the dry side of the bed. I then passed the catheter, as ordered by the physician, and drew from the bladder sixteen ounces of highly colored urine. I gave her eight

ounces of whole milk, and, after sending the husband to bed for some much needed sleep, I lay down on the couch, hoping my patient would sleep, but she was restless and uncomfortable. There was some flatulence and I decided to give a soapsuds enema. With this she passed a large quantity of gas and said she felt much better. From then till morning she rested fairly well, and slept at short intervals. At this time she was getting caffein citrate, two grains, every five hours, and urotropin solution, one dram, every six hours. The next day the doctor ordered tincture of digitalis, five minims, every four hours, and directed that the patient be kept extremely quiet, and not allowed to turn or move without help. Codeine, gr. ¼, was given, as required, to control her cough. The doctor explained to me that our patient had myocarditis, a dilated heart, and that the urinalysis showed albumen. She was in the sixth month of pregnancy, and he feared an abortion, but hoped by keeping her extremely quiet and controlling the cough as much as possible to avoid it, in which case he thought she might fully recover.

I was dissatisfied to have her bed in such condition, but feared to move the patient, so I found a piece of oilcloth, which I put over the feather bed, discovered some clean cotton sheets stowed away in a box in one of the bedrooms, which I substituted for the soaked blankets, and in this way, while not in the kind of bed I would prefer, yet my patient was at least between dry, smooth sheets. The same form of medication was kept up for three days, then the caffeine was cut down to one grain every six hours. Up to this time she had been getting a soapsuds enema each morning. She had been taking a quart of whole milk each twenty-four hours, besides a soft diet twice a day, and occasionally fruit juices. Her pulse ranged from 106 to 120, but was of good quality. Measurements showed that the heart was gradually becoming reduced in size. She still had some incontinence and I was obliged to pass the catheter every twelve hours. The amount of urine secreted was from thirty-six to forty-two ounces in twenty-four hours, the urinalysis still showed some albumen, her appetite was poor, and even the exertion of eating, though she was never allowed to feed herself, seemed to exhaust her. Her cough was clearing; she did not expectorate when coughing, and she was sleeping fairly well. At this time the doctor ordered two drams of aromatic cascara at bedtime each night, to be repeated in dram doses every five hours till good results followed. However, the two drams proved to be the right dosage and I did not have to repeat. This treatment was kept up until the fourteenth day. After this time she regained control of the bladder and it was not necessary to catheterize. We took a mattress from one of the other beds, and with the husband's

help, I managed to remove the straw tick and feather bed, and in their stead placed the mattress, so at last my patient had a clean, dry bed throughout. Previous to the time I went on the case, the catheter had been passed by the husband and the aforementioned practical nurse. Of course one would naturally expect trouble, and the expected happened. One night at bedtime the patient told me she had severe pain in both sides of the pelvis and across the small of the back. She said, "It is just like beginning labor pains." Of course I was alarmed and feared an abortion. However, I could detect no uterine contractions and I hoped for the best. I called the doctor. He diagnosed the trouble as a bladder infection involving the ureters and possibly the kidneys. He ordered morphine, gr. ⅙, at once, and asked that a specimen of urine be saved. The morphine quieted the pain and the patient slept well the remainder of the night. Urinalysis showed both albumen and pus, alkaline reaction, specific gravity 1015. The patient was nauseated for several days and occasionally vomited. At this time she was getting tincture of digitalis m. v, and urotropin solution, one dram, t. i. d., aromatic cascara, two drams, at bedtime, and morphine grains ¼, when necessary to control pain. It was now the fifteenth day of the patient's illness. The doctor discontinued the digitalis and ordered sodium phosphate solution, one dram, t. i. d., light diet, with eggs eliminated, plenty of water, and quiet rest in bed. The pulse was now running 106 to 118. After a week of this treatment, the albumen had disappeared from the urine. There was still a very little pus. The pulse was from 92 to 112. The patient had a good appetite and was sleeping well without morphine.

I was on the case four weeks. By this time the urine was nearly clear, the cough was gone, the appetite was good, the pulse rate was 88 to 100, and the strength was fairly good, but the patient was not allowed to exert herself except to turn, and to be propped up with a couple of pillows. By giving fruits, vegetables, and cereals, with plenty of cream, I had been able to drop out the cascara.

The patient's mother came to assist with the work and care for the children, and at the end of the fourth week I went away, leaving the husband and mother in charge. The patient went to full term and gave birth to twin girls. The labor was normal, and both babes and mother well in every respect.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R.N.

A COURSE IN CHEMISTRY FOR STUDENT NURSES

BY C. A. MILLS, PH.D.

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What benefit is to be derived from a knowledge of chemistry, except when such knowledge be used in a technical way? This is an important question when we come to consider the teaching of chemistry to student nurses.

It has been recognized pretty generally in recent years that all college students should spend at least one year in the study of some scientific subject, whether it be chemistry, physics, botany, zoölogy, or biology. Such study is not advised with the thought that the knowledge will ever be of much practical use to the individual, but its purpose is rather to add to the general cultural effect of the college education, that is, to aid in acquainting the student with the past and present of his surroundings and to give him a deeper appreciation of life in all its forms. We are all interested in the processes going on around us just in proportion as we comprehend their significance and understand what forces are acting to produce the observed effects.

Take, for instance, the changes observed in such a simple substance as water. What do most people see of interest in this common substance? Nothing, except to marvel at the beauties of frost crystals on the windows and at the fresh whiteness of the snow. The changes that water undergoes are in evidence all around us so constantly that we do not even wonder at the forces producing such changes, and yet how interesting these same processes become if we gain an insight into their nature. Take, for instance, the simple boiling of water; what are the bubbles of gas rising to the surface and escaping; what causes their continued formation in the water; just how do the water molecules effect the change from liquid to gaseous state; why will water boil at a lower temperature at high altitudes and at higher temperatures under pressure? These and a dozen other questions render this simple phenomenon very interesting indeed to the knowing observer. Or we might ask how many see anything interesting, except in a commercial way, in the storage of what we term foodstuffs by various plants, such as corn, wheat, oats, rye, etc. Would not farming be more fascinating if the farmer could picture the forces causing this storage of food material, the part played

by the sunlight and chlorophyl, the carbon dioxide of the air and water of the earth?

But for nurses and physicians, especially, who are dealing with human bodies directly in most of their working hours, would it not add greatly to the pleasure and the intelligence of their work if they could have a clear mental picture of all the physiological processes of the patient and how these might be altered pathologically? At present such mental pictures must of necessity be somewhat vague because of lack of absolute knowledge, but all that is available should be at hand. The tendency now in the better schools of nursing is to give the student nurse ever-increasing amounts of knowledge of the human body. This knowledge of the patient can come only through a comprehension of the chemical and physical processes involved in the performance of the body functions. After all, the nurse has entire charge of the patient a major part of the time.

Another direction in which the nurse should be especially prepared is in regard to the composition of foods, food values and the proper arrangement of different diets. In this respect her knowledge should surely equal that of the physician, if not exceed it. The physician is called upon to decide what kind of diet is indicated, but the practical application of the diet comes more in the sphere of the nurse.

Now to accomplish the desired general cultural effect of scientific study and to give the student nurse the greatest possible knowledge of the human body, in the one semester that is available at present, what kind of a course in chemistry should be given? This will depend somewhat on the class of students available. In those schools not requiring a high school education, the problem is difficult and the results will be less satisfactory, but with high school graduates matriculating as regular college students, practically all of whom have had one year of study in some science (physics, chemistry, or biology), surprising advance may be made toward a somewhat comprehensive general knowledge of chemical processes, and in particular of those occurring in the body. The character and content of such a course as successfully given in the School of Nursing and Health of the University of Cincinnati is indicated below.

The course covers one semester of 16 weeks and consists of 45 hours of lectures and 90 hours of laboratory work. The lectures may be roughly divided as follows: General introduction, 3 hours; inorganic chemistry, 8 hours; organic chemistry, 8 hours, and physiological chemistry, 26 hours, which are divided into carbohydrates, 3 hours; fats, 3 hours; proteins, 4 hours; digestion, 4 hours; blood, 3

hours; excretion and urine, 3 hours; metabolism in body, 4 hours; starvation, internal secretions and vitamines, 2 hours.

In the general introduction the aim and purposes of the course are put before the students, making as clear as possible the benefits they may derive from the work in a general cultural and in a practical way. An attempt is made to give some workable imaginary picture of atoms and molecules that the students may use in picturing to themselves the reactions. A few fundamental definitions are given. The different states of matter, with changes from one state to another, are discussed and taken up in some detail for water. The heat transformations in passing from ice to steam are emphasized, especially the high heat of vaporization, since this fact has great significance in perspiration.

Inorganic chemistry is dealt with as briefly as possible, still leaving with the student a general knowledge of the subject. The nonmetals (H, O, C, N, S, P, Cl, Br, I, Fl) are each taken up briefly as regards their occurrence, state, activity, combinations, etc. The burning of these elements, except the halogens, with oxide formation is dwelt upon, as well as the acid formation from these oxides. The halogens are discussed as a separate subdivision, the points of similarity being noted. Next the metals are briefly classified and discussed by classes, pointing out individual points of interest in regard to each metal. Acids, bases and salts are then taken up, together with considerable drill in writing equations for reactions.

Organic compounds are considered by classes, as hydrocarbons (saturated and unsaturated), alcohols, aldehydes, acids, ethers, esters, etc. The interrelation of the classes is emphasized, together with the changing of a substance from one class to another by oxidation or reduction (except for ethers and esters). The members of each class in common usage are discussed as examples of the class. The attempt throughout is made to give the students a connected, comprehensive idea of the whole field, without burdening them with a mass of details. The polyhydric alcohols are discussed briefly, especially glycerine, in order to lead up to the carbohydrates and fats later. The dicarboxyllic and tricarboxyllic acids (tartaric, oxalic, citric) are mentioned because of the frequency of their use in foods and medicine. Aromatic compounds are taken up very briefly, giving the formulas of the simpler aromatic drugs such as phenol, aspirin, sodium salicylate, etc. Amino acids are defined, their relation to fatty acid shown, and their importance in protein formation pointed out.

Almost sixty per cent of the course is spent in the study of physiological chemistry, and this represents the relative importance of this part of the work in the writer's opinion. The chief aim of

the course, then, is to give to the students a fair understanding of the chemistry of the body processes. Much benefit is derived from explaining those inorganic and organic chemical reactions with which the nurse deals constantly in her work with drugs and solutions, but to make this the principal aim of the course, as is done by most of the writers of chemistry textbooks for student nurses, so far, seems to the writer to be a grievous error. It is the human body upon which the nurse focuses most of her attention and it should certainly be made possible for her to understand this main point of interest. The fact that the course deals mainly with the human body lends much more interest to the work, so that there is never any lack of attention on the part of the students. The results obtained are highly satisfactory.

The laboratory work is given in two three-hour periods a week and constitutes for each student the following experiments:

INORGANIC CHEMISTRY

Preparation and properties of hydrogen; preparation and properties of oxygen; test for presence of CO_2; neutralization of an acid by a base; separation by distillation; preparation and properties of iodine; solubility of iodine; tests for iodine; preparation and properties of acetylene gas; preparation and properties of CO.

ORGANIC CHEMISTRY

Qualitative analysis of cane sugar; saturated and unsaturated hydrocarbons; iodoform test for alcohol; aldehyde formation from alcohol; acetate test for alcohol, oxidation of alcohols to aldehydes; detection of formaldehyde in milk; reducing test for aldehydes; properties of acetic acid; higher fatty acids; dibasic organic acids; esters.

PHYSIOLOGICAL CHEMISTRY

Fats and saponification; solubility of fats; acrolein test for fats; Fehling's test for carbohydrates; hydrolysis of a disaccharide; color test for carbohydrates,—Molisch; fermentation of carbohydrates by yeast; composition of proteins; color reactions of proteins; biuret, Millon, xanthoproteic, Molisch, reduced sulphur reaction; heat coagulation of proteins; coagulation by alcohol; precipitation of proteins by salts,—"Salting out"; precipitation of proteins by salts of heavy metals.

Digestion: Action of saliva; clotting of milk by rennin; digestion of proteins by pepsin; pancreatic digestion of starch; fat digestion.

Blood: Swelling and shrinking of corpuscles; hypertonic, hypotonic and isotonic solutions; hemolysis or laking of red corpuscles; "Ghosts" of red cells after laking; coagulation of blood; properties of hemoglobin; properties of blood fibrinogen.

Urine: Reaction; specific gravity; test for chlorides; test for sulphates; test for phosphates; indican test; test for proteins in urine; test for creatinine; test for glucose; test for bile pigments; test for blood in urine; preparation of urea.

Quantitative urine analysis (24 hour samples of urine collected under different conditions, such as high protein diet, low protein diet, high phosphorous diet, and starvation): volume; specific gravity; total acidity or alkalinity; total nitrogen; ammonia; creatinine; glucose; protein.

The laboratory equipment for each student comprises the following articles:

NET COST OF EQUIPMENT OF NURSE'S DESK

1 box filter paper, 60 mm	$ .10	2 pinch clamps, Mohr's	$ .34
1 box matches	.02	1 ring stand	.48
1 test tube brush	.03	3 rings, iron	.24
1 wire gauze square	.04	1 spatula, horn	.26
1 beaker, low, with lip, 150 cc	.15	12 test tubes, 6 inch	1.80
2 beakers, low, with lip, 250 cc	.50	1 test tube, side neck	.15
1 beaker, low, with lip, 500 cc	.30	1 test tube holder	.10
2 bottles, narrow mouth, 90 cc and 1000 cc	.20	1 test tube rack	.26
4 bottles, wide mouth, 250 cc	.20	1 test tube, hard glass	.11
1 burner, Bunsen, with rubber tubing	.53	1 Thermometer, 150° c.	.68
1 clamp and attachment, iron	.18	1 tripod, iron	.18
1 cylinder graduate, 100 cc	.50	1 tube, thistle	.11
1 deflagrating spoon	.07	1 watch glass, 50 mm.	.03
2 evaporating dishes, porcelain, 7 cm. and 10 cm.	.35	2 watch glasses, 100 mm.	.12
1 file, triangular	.06	1 gas collecting tube	--
3 flasks, Florence, 150 cc, 300 cc, and 500 cc	.30	1 water bath	--
2 funnels, 5 cm. and 10 cm.	.60	1 condenser, Liebig's	1.25
1 funnel support	1.25	4 ft. rubber tubing	.24
4 glass plates, 3 x 3 inches	.40	1 fermentation tube	.20
1 mortar and pestle, porcelain	.21	1 ureometer	1.25
		1 hydrometer	1.30
		1 burette, 50 cc graduate	.55
		Total	$16.14
		1 Dubosque colorimeter	85.25

The total estimated cost per desk is about $16.00. Such an outfit might well serve for two students where funds are limited. The colorimeter ($85.25) is used only for the creatinine determination, and might be omitted if necessary. A rough estimate of the value of the chemicals used by each student gives $1.50 to $2.00. Besides this there is usually a breakage charge of $1.10 to $1.25 per student for glassware and rubber tubing destroyed.

The laboratory work is given here in the regular medical biochemical laboratory and the experiments were so selected as to use

the chemicals and solutions already on hand for the medical biochemistry class. This simplifies the laboratory work very much.

As textbooks for the course, there is no one that is satisfactory for the whole course. The one recently published by Professor Annie Louise Macleod of Vassar College is perhaps the most nearly the desired kind so far as its table of contents indicates, but the treatment is entirely too limited throughout to give the broad view of the subject desired. So far we have merely referred the students for supplementary reading to any good inorganic and organic chemistry available, and to Mathews' Physiological Chemistry for the rest. This is not satisfactory because of the mass of details given in such books which only acts to confuse the students and sometimes causes them to miss the important points.

There is undoubtedly a serious need of a proper textbook of chemistry for the use of student nurses. This is made very evident by the large number already on the market.

So much for the course in chemistry. Now how about teachers to give such a course? What qualifications are necessary or advisable? It is well known that no one can teach well that with which he himself is not thoroughly familiar. Nothing so well shows a person how little he knows of a subject as the attempt to make that subject really clear to students in a limited time. We may say, in general, that for one to have the proper background for the presentation of chemistry to student nurses, one should have had good courses in physics, physical chemistry, inorganic chemistry, quantitative analysis, organic chemistry, physiological chemistry, and as much work in the biological sciences as possible. Botany and zoölogy are not necessary, but would give a useful addition to the background. Human anatomy and physiology should be included by all means, while pharmacology, pathology and bacteriology will be found very useful at times. It really amounts to saying that the instructor should be a chemist and a biologist combined in order to make the most of chemistry from the view point of the nurse's needs.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

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It has been nearly seven years since the first units of nurses were sent aboard on the famous Red Cross Ship and it was not until Miss Noyes went to Europe in September, 1920, that a systematic tour of inspection was made of the nursing service in that country. We are only too familiar with the tragic termination of Miss Delano's trip, which had hardly started when she became ill.

During the active period of the war it was quite impossible to leave National Headquarters for this purpose. Following the war came the terrible epidemic of influenza, and all the problems of readjustment that were necessary in order to bring the nursing service of the Red Cross into line with peace activities. There were three significant reasons which prompted this tour: (1) To make a general inspection of Red Cross nursing activities in order to determine the character of the work now being performed by Red Cross nurses; (2) To study the schools of nursing which have already been established, with the coöperation of the American Red Cross in various countries heretofore without a modern system of nursing, also to consider requests for assistance with schools for other countries; (3) To study the nursing aspect of the proposed health units.

In order to make the study effective, for Red Cross nurses are scattered widely throughout Europe, it was necessary to visit France, Czecho-Slovakia, Poland, Austria, Serbia, Bulgaria, Turkey, Greece, Albania, Montenegro, Dalmatia and Italy. Accompanied by Helen Scott Hay, Chief Nurse to the European Commission, Miss Noyes left Paris October 4, 1920.

It was a hard journey, complicated by such difficulties in travel as lack of heat and food, slow trains because of lack of fuel, taking two days to complete a journey that under proper conditions should necessitate but one; spending nights in cold sleeping cars or arriving at destinations in the middle of the night or in early morning hours, uncertain as to whether hotel accommodations could be found or not. Hotel accommodations were frequently poor, rooms were unheated and food inadequate. Wherever the Red Cross was operating a Red Cross personnel house, however, satisfactory accommodations and good food were inevitable. It was necessary to carry at all times a well stocked food basket and facilities for making coffee en route.

"Miss Hay was an expert at making coffee and foraging for food," says Miss Noyes. "Thanksgiving Day found us en route to Salonîki with a cold fowl and a Red Cross man added to our stock, with which we regaled ourselves."

Through Albania and Montenegro, both rugged, mountainous countries, the only means of transportation was a faithful Ford camionette, varied with an occasional Fiat lorry. In speaking of her travels through this territory Miss Noyes says:

> There is nothing more stimulating and exciting than to start out in the early morning on the front seat of a lorry, swinging over the snowy mountain tops, down the mountain roads, wondering whether the first turn will mean a drop over a precipice a thousand feet or so. The Montenegrin chauffeur, however, is as familiar with his mountain roads and hairpin turns, and finds it perhaps quite as easy to bring a car skilfully over the mountains, as a New York chauffeur would find it bringing one down Fifth Avenue. There is one point, however, on the famous road called the "Ladder," leading down to Cattaro on the Dalmatian Coast, where native chauffeurs delight to show you the remains, at the bottom of the precipice, of numerous automobiles that with their passengers, have met an untimely fate through the inexperienced chauffeurs who have attempted the trip.
>
> On the home stretch from Rome, Italy, to Paris, traveling, in comparison to that which had preceded, seemed the height of luxury, for there were well heated cars, comfortable wagon-lits, dining cars with shaded lamps, and plenty of good hot food. Every mode of conveyance, even to crossing streams on the backs of mountaineers, was pressed into service, but Miss Hay felt that my trip was not quite complete because I did not take a side trip in an ox cart. The nearest I came to this was having the Ford pulled out of a swollen stream by a yoke of oxen.

The first institution visited by Miss Noyes and Miss Hay was the School of Nursing at Prague, Czecho-Slovakia. This school had been opened for about six months, with Marion Parsons as the Director, assisted by Miss Lentel, Fanny Bascom, a public health nurse, who is developing the three months' course in Public Health Nursing for the pupils of the school; and Miss Kucera, an American-Bohemian nurse who fortunately spoke the language very well. She, with Miss Parsons, has had the course in Training School Administration at Teachers College. Miss Kucera is developing the practical field in the hospital while Miss Lentel gives the theoretical instruction. This school, the first of its kind in Czecho-Slovakia is being mothered by Dr. Alice Masaryk, who is President of the Czecho-Slovakian Red Cross, and also a member of the Training School Committee, which includes the Minister of Hygiene, the Hospital Superintendent, and several other important men and women.

Gradually Miss Parsons has been able to educate this committee in training school organization until they have acquired some knowledge of the requirements, not only so far as the candidate is concerned,

but also for the development of a suitable teaching field. It is not so difficult in a country such as this to develop the facilities for teaching the theory of nursing, but it is quite a different matter when it comes to the hospital ward as a field of practical nursing,—for the inadequate equipment, lack of proper tea kitchens and lavatories, the inadequate food, linen, and other supplies, make it a very difficult matter, especially for an American nurse who has been accustomed to well-equipped hospitals to adjust herself and her standards to such primitive surroundings and get results.

I was at first greatly discouraged, the possibility of ever teaching practical nursing under such unfavorable conditions seemed remote. Then, I thought of Bellevue in its first days, and the wonderful group of pioneers developed there, Miss Dock, Miss Hampton, Miss Delano and many others, I began to feel that this experience might be repeated in another country, and that the nurses who were going to these wards under the direction of a capable American nurse, who were receiving the best class room instruction, might also develop into pioneers and might become to Czecho-Slovakia what these nurses from Bellevue became to America.

While in Czecho-Slovakia Miss Noyes saw many things besides the training schools. She found that the city of Prague had been divided into thirteen districts, in each of which was a health center. A fairly typical one consisted of a day nursery, kindergartens, a milk station, children's clinic and sometimes others. These were invariably in good condition and were doing admirable work. No plan, however, had been developed for following the child back to its home. It was this phase of the work which interested Miss Besom, and which she felt was most important to foster. The condition of the patients in the military hospitals and in the large general hospitals was particularly pathetic. Rarely did they have more than one blanket, even the tuberculosis patients, the food supply was most inadequate and the clothing for patients was noticeably insufficient. Two small pieces of soap for all purposes were allowed each ward, per week, in one institution. The explanation made was that while hospital authorities were fully conscious of these deficiencies, the supplies were not to be had; they were not in the country and there was not sufficient money to buy them elsewhere, owing to the depreciation of the currency. Retreating armies had not hesitated to enter hospitals, stripping the blankets from the beds of the sick and the aged in homes and almshouses; and while the situation was being gradually adjusted, progress was slow. The American Red Cross had contributed some supplies to the Czecho-Slovakian Red Cross for distribution and these had been of great assistance.

Czecho-Slovakia is a wonderful country, however, rich in its agricultural resources, while its 15,000,000 geese furnish, not only

food but feathers, and are a source of wealth to the peasants. Wherever one goes flocks of geese can be seen feeding in the fields guarded either by a child or an old person. The lonely figure of the little goose girls or the little goose boy, standing for hours in the fields at this service, usually with bare feet regardless of cold and wet, is a familiar scene upon the landscape. One of the questions that always arises in one's mind is whether they ever go to school and what sort of a person is developed from a child who has been kept at this work for so long a period.

TWENTY-ONE RED CROSS NURSES RETURN FROM THE BALKANS

The present program of the Red Cross Nursing Service in Europe is directed toward Child Welfare work and the organization of Schools of Nursing. Consequently there has been a slight reduction of personnel in the past two months, and twenty-one nurses have been recalled to this country, as follows:

The total number of nurses now remaining in Europe under the auspices of the American Red Cross is 90, and there are 28 nurses with the Near East Commission. The nurses under the Serbia Relief Commission, not under the Red Cross, number 4, and there are 4 nurses with the League of Red Cross Societies. The present program of the Red Cross Nursing Service in Europe is directed toward Child Welfare work and the organization of schools of nursing. Consequently there has been a slight reduction of personnel in the past two months, and twenty-one nurses have been recalled to this country, as follows: from Montenegro, Adelaide R. Poole; from Constantinople, Turkey, Alice E. Sutton; from Athens, Greece, Kathleen D'Olier; from Ruthenia, Czecho-Slovakia, Margaret A. Norwich; and from Poland, Mary E. Ayres, Bertha B. Beyer, Helen D. Boylston, Minnie Fassbender, Regna Frederickson, Praxeda Fronczak, Marion Garberino, Leonora Gilley, Mrs. Hazel F. Kingsley, Ethel MacKenzie, Katherine Neumann, Anna C. Raven, Esther M. Rose, Mattie M. Thompson, Bertha Thulon, Katherine Van Buskirke, and Doris Wartosky.

RED CROSS DIVISIONS REDUCED

The number of Divisions of the Red Cross has been reduced from thirteen to seven, the territory alloted to each of the seven being so arranged that the entire area of the country is covered. The Division names to be retained are: New England, Atlantic, Lake, Southern, Central, Southwestern, Pacific.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR
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This interesting talk on Chinese Medicine was sent to Teachers College by Louise Beaty of the Peking Union Medical College. Unfortunately, the name of the lecturer, who is an instructor in the college, was not attached.

In speaking on Chinese Medical Education, I will first trace its origin. Far back in ancient times, people were not civilized and had great fear of devils or evil spirits. They attributed any illness to the insult of some devil and there was a special class of people called wizards whose business it was to placate the devils. They had special songs and dances which they sang and performed to please the devils in order that men might escape sickness or be relieved from it. These men had the power of curing diseases and the oldest Chinese medical books say: "Cure of disease is done by Tsok Yiu" (God of the South); "Of old, wizard P'ung was the first one to practise medicine;" "Medicine is witchery." From these quotations we learn that ancient medicine grew out of witchery.

During the Chow Dynasty, which was about 1,100 B. C., Chinese civilization was making rapid progress and Chinese medicine was making corresponding advancement. In the Chow rituals it is stated that the chief doctor superintends all matters relating to medicine and collects drugs for medical purposes. He directs the doctors to take charge of the different departments so that those who are sick or wounded may go to see them. At the end of the year their work is examined and the salary of each is fixed according to the results shown. If all cases get well, it is excellent; if there is one failure in ten cases, it is second; if two out of ten, third; three out of ten, fourth; and if four out of ten, it is bad. When any death occurs, the doctor in charge has to record the cause of death and submit the report to the superintendent.

The Chow dynasty distinguished four kinds of doctors: physicians, surgeons, dietitians, and veterinary surgeons. Their duties were well defined. The physicians treated internal complaints only, i. e., medical cases; the surgeons attended to external diseases, such as wounds, fractures, ulcers, etc., and the dietitians looked after food, drink, and other matters, somewhat like the subject of hygiene of the present time. It is interesting to note the important position dietetics occupied even in these early days.

Chinese medicine reached a high degree of development in the Sui and T'ang dynasties. While only four branches of medicine were recognized in the Chow dynasty, the branches had now increased to seven. These were diseases of adults, of children, of the ear and eye, of the mouth and teeth, cupping, massage, and incantations. Four kinds of doctors were also recognized: physicians, acupuncturists, masseurs and exorcists. Special chairs were established with a professor in charge of each department. In acupuncture the students were taught the signs of the pulse and the special "points" for puncture. In massage, special attention was given to various forms of manipulation which were deemed necessary to prevent the eight kinds of diseases; viz., wind, cold, heat, dampness, hunger, overfeeding, overwork, and brain fag.

It is also recorded that in the fourth year of Ta Yeh (A. D. 609) Japan sent doctors to China to study medicine. They stayed until the sixth year of Wu Teh

(A. D. 624) remaining in China for fifteen years. They were the first Japanese to study medicine in another country. In the reign of Shang Tsung (A. D. 1068) of the Sung dynasty, medical schools were established. The subjects taught were medicine, surgery, and acupuncture. Very few changes were made in subsequent years, but gradually the schools declined and then ceased to exist until the third year of Tsung T'ung (A. D. 1262), when they were revived by Imperial decree. In the Institutes of the Yuan Dynasty there is a more detailed account of these schools. Ten subjects were taught covering the diseases of adults or general medicine, of children, diseases due to wind, obstetrics, which included diseases of women, swellings and sores, acupuncture and moxa, charms and incantations.

As time went on, medical matters received very little attention from the authorities. However, in the fourth year of Hung Wu (A. D. 1382) of the Ming dynasty an Imperial Academy of medicine was established. Very little is known of this institution. In the same dynasty, women doctors were for the first time given official recognition. They were first selected by the government office in the country, then brought to the Imperial chamberlain, and lastly examined by the court physicians. The successful ones were allowed to have their names recorded in the book to wait for appointments. In the Provisional Civil Code of the Ch'ing dynasty, there is one article which reads, "And person found practising medicine without permission from the proper authorities is liable to a fine of not exceeding $500." But this was not enforced. An attempt was made by Viceroy Tuan Fang, in 1908, to re-introduce state medical examinations. All the doctors then practising in Nanking were ordered to present themselves for examination. About nine hundred attended and after examination were classified into five grades—excellent, good, fair, poor, bad. The first three grades were given a license to practise, the better ones being permitted to have their names registered and to await official appointments. The two lower grades were prohibited from practising medicine. At the present time Chinese doctors all over the country cannot practise medicine until they pass certain examinations given by the administration.

In the works of the philosopher *Li-tze*, one of the canonical books of Taoism, written about 300 B. C., the following interesting story is related: Kung-hu of Lu and Chi-ying of Chao fell ill, and both asked Pien-chuh (a famous physician), to treat them, who did so. After both had become well, the physician said to them: "If your disease had entered your intestines from outside, herbs and minerals could have stopped it. You still have an internal disease which develops with your body; shall I attack this, too, for you?" Both said, "We first desire to have proofs of this state of affairs." Pien-chuh, addressing Kung-hu, said: "Your will is strong, but your mind weak, hence you are strong in one respect but weak in another. The will of Chi-ying is weak, but his mind is strong, hence he is weak in thought and dangerous in his designs. If your hearts were exchanged there would be an equilibrium and the result be good." Pien-chuh then gave the two persons narcotic wine to drink, which made them insensible for three days. He cut their chests open, removed the hearts, exchanged them and put them in again under the administration of supernatural drugs. After their revival they felt as before, took leave and went home. Although this is only a fable, yet it suffices to show that even in the very earliest time anaesthesia was known to Chinese medical men.

There was another famous doctor named Hua To who lived about 200 A. D., and practised anaesthesia in treating certain diseases. The following is a quotation

from the History of the Three Kingdoms: "Hua To was well trained in medicine and his methods of acupuncture and moxa were applied to only a few places on the body. In case of diseases localized inside the body, which were beyond the reach of acupuncture, and which needed surgical operations, an anaesthetic was administered. Soon after the anaesthetic was administered, the patient would lose all his consciousness and operation could be performed upon him. When the disease was in the intestine, the same would be cut open and washed. When the operation was finished the wound would be sewed up and ointment applied. The effect of the anaesthetic lasted throughout the operation and the patient could feel no pain. The wounds would heal within one month's time. Once there was a man who suffered from severe pain in the abdomen. He came to see Hua To and the latter said that half of his spleen had decayed and that his disease must be cured by an operation. Accordingly he operated on the man and found half of his spleen rotten. He cut away the rotten part of the man's spleen, dressed his wound, gave him some medicine, and restored his health in one hundred days."

Besides this, there are a number of things which were discovered in China rather early. Massage, only lately introduced into the West, has been known and practised from time immemorial. Mercury has been employed for thousands of years for the treatment of syphilis. The use of sheep thyroid for cretinism, goitre, etc., is mentioned in the "Thousand Gold Remedies," a book published in the sixth century A. D.

From the foregoing we learn that the history of Chinese Medicine must be at least three thousand years old, according to the records we can find. But why is it that the Chinese Medicine of to-day is no better or rather worse than it is said to have been three thousand years ago? According to my opinion, it can be explained by the fact that from the ancient time up to the present day the Chinese people have had the idea that what the ancients say is always right. None dare to question the accuracy of their statements. This veneration of the ancients amounts almost to a worship, and is the cause of the petrified fixedness of Chinese medicine, and through selfishness, the characteristic of most Chinese discoverers, most of what is good in the ancient is lost.

Some might say that the old Chinese medicine which bases its theories of pathology on Yin and Yang, (the negative and positive principles in nature), and five elements, (metal, wood, water, fire and earth), and which builds its physiology on five viscera and six bowels, is utterly wrong in the light of modern scientific medicine, but why is it that some famous doctors in the ancient times were able to make valuable discoveries and that Chinese doctors nowadays are able to cure many diseases skillfully? There is one answer to this question and that is, Chinese doctors both learn and practise by experience only. Because Chinese doctors in the old days had great experience, but did not know how to study with scientific methods what they got by experience, Chinese medicine has been at a standstill and is unable to stand in the presence of western medicine which is built on systematic science. It is my great desire that men trained in modern scientific medicine will make a careful study of the old Chinese medicine and extract what is good, so as to discover the hidden values in it and contribute much good to modern scientific medicine.

DEPARTMENT OF PUBLIC HEALTH NURSING

The report of the U. S. Public Health Service for January 28, 1921, contains an address on Modern Medicine and the Public Health by William T. Sedgwick, delivered at the centennial celebration of the Medical College of the University of Cincinnati. After a brief summing up of the changes in medical education within the last century, with the result that now "our best medical schools are temples of medical science and training schools of medical engineering," Professor Sedgwick goes on to say:

There is, however, one vast and important field of modern medicine thus far sadly neglected by all medical schools, even by the very best, and that is the field of the public health. We have outgrown the ancient point of view which held that "they that are whole need not a physician, but they that are sick," for we believe that the maintenance of the public health (i. e., the health of the people), is no less important, and often easier, than is the cure of their diseases. * * * The fact is that hygiene and the public health, and even preventive medicine, have thus far had scanty recognition in our medical schools.

After a short presentation of the extraordinary development of preventive sanitation, he continues:

The medical school which fails to-day to provide also liberal instruction in preventive medicine, in vital statistics, in sanitary science, in public health laboratory methods, in epidemiology; in preventive sanitation, such as the sanitation of water supplies and other branches of municipal sanitation; in preventive hygiene, such as mental, social, personal and dental hygiene; and in public health education and public health administration—that medical school is sending out its graduates unprepared for some of the most serious problems they will have to face in the immediate future. * * * Obviously, all these subjects cannot be injected into a curriculum already overcrowded. The only way out is to recognize the situation and to meet it squarely by erecting a separate superstructure for public health training upon the same foundation which already underlies medical training.

If in the future you shall make it possible to add to the excellent medical education which you now give, education in the public health, i. e., in the health of the people, in preventive medicine, in preventive sanitation, and in preventive hygiene, opportunity for which is nowhere so great as in a municipal university, because of the close association which such a university enjoys with departments of public health and public water, public sewers, and public schools, public buildings, public streets, public baths, and public gymnasia—all of which stand available for educational cooperation and research—you will not only deserve and win the applause of a grateful community, but you will blaze the way for a reform imperatively needed in other medical colleges. Modern medicine must provide a training for the practice of the public health, no less rigorous than that for the practice of medicine; for the public health is the health of the people, and, as the Latin phrase puts it, *Salus populi suprema lex.*

A BABY CLINIC IN THE TOWN HALL

By Bertha Lipps

Red Cross Public Health Nurse, Washington County, Salem, Indiana

Summer months were coming, and with them the frequent calls from mothers for help in keeping their well babies well, or for advice about the feeding or clothing of the baby. Also, the doctors were asking that young and inexperienced mothers be given some help along the lines of care for their babies. So it was decided that a Baby Clinic must be held.

Our Red Cross office rooms are up a steep flight of stairs, and the only available place centrally located on the ground floor, was the firemen's room in the Town Hall, used once each month for a meeting. To get permission to use this place one afternoon each week, it was necessary to have the consent of the four town board members. Only one was undecided, but he, on the next day, stopped me to say that, after a full understanding, he was delighted, because he thought that young mothers took their children to the doctors too much, anyway, and maybe a little education along those lines would help.

Saturday had to be the day, as Washington County is truly rural, and on that day the folks all come to town.

The room was furnished with one long table, a dozen folding chairs, and a very dirty linoleum, so from active Red Cross members, two small tables, one kitchen table, four rocking chairs, and a bed screen were borrowed for the season. The Junior Red Cross gave a pair of bathroom scales, two white granite basins, a pitcher, and a dressing jar.

The chairs were arranged comfortably, and a small table with a bouquet and a number of fans was placed in the center of the room. At one end, partially separated by the screen, was the long table with the scales, measuring rod, and a blotter pad. The other small table held the basin and pitcher. On the kitchen table was literature for distribution.

Posters on all subjects of vital interest to fathers and mothers of children adorned the wall and, incidentally, covered the murky paper. These were made attractive to the eye by using, from the backs of the magazines, colored pictures suitable to the title. For instance, from a popular weekly, that of a little tot who stood in a church pew singing from a hymnal, was used for "Moral and Religious Training." A gaily colored picture of a little golden-haired girl, swinging high from a swing on the limb of a bright green tree, called attention to "Recreation and Exercise." Well dressed children from clothing catalogues bordered the "Clothing" poster. A school child painted these. The old stork with a babe flew high over "Birth

Registration." There were about a dozen. These were read by the mothers, to say naught of the firemen, who now enjoyed all the home comforts our furnishings added to their meeting place.

A sorority had a member present at each clinic to help make the mothers happy and to do clerical work.

Each baby and child of pre-school age was weighed, measured, and the comparison to normal noted. Advice and instruction were given and all of the mother's questions answered. If there was any defect, the mother was referred, as in our school work, to a physician, all having offered their help and coöperation. The records were made on cards nearly similar to those used in Child Welfare Special, and each mother was given those publications most suited to her need, of the Indiana State Board of Health, and of the Children's Bureau.

The splendid results were far reaching. I could cite you a number of cases, each a story of its own. One artificially-fed, undernourished baby from a poor home, who was sent to us with his mother, by the physician, gained each week and took food almost in normal proportions for its age. Its mother needed only help and instruction; this baby was saved. Another baby from one of our best families made no gain and the mother was losing. This was a nursing babe. Regulating the mother's diet showed a weekly gain for both of them, and I know that it helped. Without that, the mother might have put the baby on bottle feeding, and with, perhaps, what result?

In the Washington County Red Cross Baby Clinic, for the ten summer weeks, there were forty-one babies enrolled with an average attendance of ten. I hope some day to have clinics all year round, but with the bad weather, the heavy nursing work, and school work, it cannot be done this year.

A fitting climax was offered in the opening of a rest room for mothers and babies at our County Fair. In a twenty by thirty tent, fitted with borrowed cots, cribs, and rocking chairs and with a cooler of ice water, it was estimated that comfort was furnished to, at least, 600 babies in the three days, besides the splendid opportunity it afforded us to give advice and instruction to the mothers.

COMMUNITY NURSING BY THE MILWAUKEE, WISCONSIN, HEALTH DEPARTMENT

By Agnes J. Martin, R.N.

The staff consists of sixty field nurses, three supervising field nurses, and a superintendent. All of the nurses assist in the following activities: Child Hygiene, including Infant Welfare as well as School Hygiene; General Social Service, Clinic Service, and Tuberculosis Work. Five nurses are assigned to contagious duty. The

force of nurses is divided into three groups, each group being under the immediate direction of a district supervisor from the central, south, and north side stations. The nurses' hours are from 8.00 a. m. to 5.00 p. m., with one and one-half hours for lunch. The hour from 8.00 a. m. to 9.00 a. m. is devoted to record work in the stations, the nurse reporting at her first school at 9.15. The rest of the morning is devoted to the routine procedures for medical school inspection in the school buildings.

Home work in all activities is done in the afternoon. In medical school inspection, the work falls under two heads: first, absentees from illness, where the nurse calls to see if there is contagion and, if an indigent family, to see that proper medical attention is provided; second, for advice and correction of physical defects. In doubtful cases, the necessary social investigation is made to determine how the case should be cared for.

Every baby born in Milwaukee receives at least one call from the nurse through birth registration. Further visits are determined by the home conditions and the interest of the mother. If she desires the nurse to come in and advise on how to keep the baby well and if she coöperates by bringing the baby to our clinics, the nurse gives as much attention as time permits. There are fourteen clinics in eleven public and parochial schools, one at the Abraham Lincoln center, and one, each, at the north and south side stations. Clinics are held once a week at each of these stations, at which time the babies are weighed and the mothers advised. These clinics are essentially for well babies, but nutritional cases are accepted. Sick babies are referred to the dispensary or to their family physician.

In tuberculosis work, calls are made for the following reasons: instruction in precautions when the patient remains in the home, advice as to household and personal hygiene, frequent examinations of contacts, and in indigent cases, to make a budget and supervise the expenditures of the family as provided for by the County Poor fund. A daily afternoon tuberculosis clinic, a morning clinic for children, and one evening clinic are held at the central station, and one morning clinic is held at both the north and south side stations.

There are 86 boarding homes licensed to take care of children, the nurse being responsible for the health supervision of these children. The frequency of calls is determined by the intelligence of the foster mother and the number of children boarded in the home.

The field nurse is the connecting link with many social agencies such as the Associated Charities, Juvenile Protective Association, Juvenile Court, Visiting Nurse Association, etc.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR
Samaritan Hospital, Troy, N. Y.

EFFICIENCY RECORDS FOR STUDENT NURSES

In some of the schools of nursing throughout the country there exists a system of checking up the practical work of the student nurse in a very definite way which results, not only in a more complete record for the files of the school, but which gives the student an idea of the quality of work she is doing, what her weak points are, and which encourages her to put forth her best effort for a better showing. This system is called the Students' Efficiency Record, a copy of which is shown.

This sheet goes to the ward with the student nurse; every treatment which she gives is recorded upon it, a general summary being made of her executive ability, reliability, neatness, etc. On the reverse side are printed the professional qualifications and those of personal fitness, given in detail.

The result is quite different from that obtained from the old "Nurse Record Card" which stated executive ability, neatness, reliability, accuracy, attitude toward patients, punctuality and dependability. It was the custom to have these blanks filled out by the head nurse in the following manner: Executive Ability, B; Neatness, C; Reliability, B; etc.

These cards went to the training school office and were filed away in the student's envelope or were transferred to the duty card. Unless the student's report was very poor, only a mental note was made by the principal, but the findings were seldom brought to the attention of the student herself.

How often we have heard students say when criticized, perhaps in their third year, for the general character of their work: "Why has this not been brought to my attention before? No one has ever told me that my work was poor or my attitude resentful or antagonistic, that I was careless about details or unprofessional in my manner."

The suggested system prevents such an occurrence, for each month, when the slips come in at the office, a notice is posted on the bulletin board giving the names of the students changing wards or duties, and asking them to meet the principal of the school at a certain hour, that day.

The student's permanent record is referred to by the principal,

as each efficiency slip is recorded on a large sheet and is filed and compared with the last sheet sent in.

The report may read as follows: Personal Neatness, Untidy; Sympathetic, No; Resourceful, Dependent; Courteous, Generally; Reliable, Fairly; Interest, Very Great; Loyal, Very; Conscientious, Very; etc.

Now this is a discouraging report in some particulars, but the characteristics which carry most weight in a successful career are very evident, even though there be faults which, if uncorrected, are harmful to the best development of the nurse.

The student should be given the report in full, told frankly from what ward and supervisor it comes, and time should be spent by the principal in personally going over each point with the student to ascertain where the trouble really lies and to enable her to make the adjustments before the next report is due.

This method points out very plainly where trouble lies and gives every student a chance to make the most of her opportunities. She will know every month just where she stands, both practically and theoretically, and she is not embarrassed and surprised to find, several years after she has graduated, when she asks for a recommendation from her training school, that she was full of faults and considered unequal to any sort of executive work, or lacking in the qualities which are imperative in the particular work she might wish to undertake.

There is another side to the question and that is the value of the record to the principals of the school of nursing who may succeed the present one. They will not know Sarah Jones or Anna Black; they will have no means of knowing that you felt that Miss Jones had a pleasing personality, lacked force, but was adaptable and full of tact; or that Miss Black was not refined, but possessed a great deal of natural ability, was enthusiastic, full of initiative, and that this lack of refinement would disqualify her for some work she might be desirous of undertaking.

It is our duty to leave records behind us that are minute in their detail, giving cold facts unprejudiced, and judgments made with the view of aiding every graduate to fill the position for which she is best fitted, for no student should graduate from any school of nursing unless the principal can conscientiously stand behind her as a graduate.

This system makes it possible to advise the students and to help them overcome their weaknesses, to bring out their latent possibilities, as well as affording a very desirable understanding between the principal and the student.

_____ HOSPITAL

Report from Medical and Surgical Wards

Miss _____

From _____ *to* _____

Ward _____

Counterirritants: _____
- **Mustard Foot Baths** _____
- **Mustard Pastes** _____
- **Turpentine Stupes** _____

Catheterization _____

Dressings _____

Enemata: _____
- **High gas** _____
- **Simple** _____

Gavage _____

Irrigation: _____
- **Murphy glucose** _____
- **Murphy saline** _____
- **Rectal** _____

Lavage _____

Packs: _____
- **Cold** _____
- **Hot** _____
- **Temperature baths** _____

Poultices: _____
- **Digitalis** _____
- **Flaxseed** _____

Perineal stitches _____

Preparation for: _____
- **Aspiration** _____
- **Bladder irrigation** _____
- **Intravenous med.** _____
- **Lumbar puncture** _____
- **Operations** _____
- **Subcutaneous med.** _____
- **Transfusions** _____

Acceptability to patients _____

Executive ability _____

Interest _____

Neatness _____

Professional attitude _____

Tact and adaptability _____

Remarks _____

Grades: A—Excellent; B—Good; C—Fair; D—Poor; E—Very Poor.

Nurse in charge _____

(Reverse Side of Sheet)

PERSONALITY

Adaptable—very; moderately; inflexible.
Courteous—always; generally; discourteous.
Dignified—always; moderately; undignified.
Enthusiastic—very; moderately; lacking.
Imaginative—very; moderately; lacking.
Industrious—very; moderately; indolent.
Neatness of person—marked; moderate; slovenly.
Resourceful—very; moderately; dependent.
Sense of humor—much; little; unduly serious.
Sympathetic—very; moderately; lacking.
Even tempered—

PROFESSIONAL FITNESS

Accurate—very; fairly; inaccurate.
Conscientious—very; hardly; not at all.
Criticism taken—well; poorly; resented.
Executive ability—
Initiative—excellent; some; none at all.
Interested in work—very much; blasé; lacking.
Loyal—very; hardly; disloyal.
Memory—excellent; fair; forgetful.
Observation—excellent; fair; unobservant.
Punctual—always; fairly; tardy.
Rapid worker—very; fairly; slow.
Reliable—very; fairly; irresponsible.

Remarks ----------

TOO LATE FOR CLASSIFICATION

State Meetings

Ohio: The dates for the Ohio state meeting are May 12-17.

Virginia: The annual meeting of the Graduate Nurses' Association will be held in Danville, May 25-27.

As we close our pages, word is received of the death, at her home in Canada, of Mary W. McKechnie, long active in training school work in this country, a member of the National League of Nursing Education from its beginning, and for six years its treasurer. A fuller notice will appear in the May JOURNAL.

A Warning: A man representing himself to be a brother of Laura R. Logan of Cincinnati has been collecting money under false pretenses. He is an imposter.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

LETTERS OF APPRECIATION

Dear Editor: Do you not think it would be nice when one of our members writes such an excellent article as Miss Sicke's is, for instance, for all who like it to write to tell her so? It would take such a few minutes.

Illinois H. F.

AN INTERSTATE SECRETARY

Dear Editor: The disappointment of not having an Interstate Secretary is enough to make a well woman sick. I would like to say just how I feel about our thousands of nurses not pledging enough money for such an important work, for I feel that the true gospel of nursing needs to be preached now, as never before.

North Dakota L. H.

A CRITICISM

Dear Editor: In regard to "The Thirteenth Case," published in the January and the February JOURNALS, does it not seem beneath our professional standards to give such significance to superstition as is implied in the title and the comment thereon? Spiritualism seems to be out of place in the nursing profession. It is generally classed, as found in a public library, in the cross reference of superstition with mythology, palmistry, witchcraft, spiritualism, evil eye, sorcery, magic, etc., all of which have been and still are in parts of the world factors to be contended with in carrying on the work of giving sufferers scientific nursing care. The author fails to convince of her rational condition when her "sudden and desperate desire for companionship," and not her responsibility, causes her to risk disturbing the patient by going to his room in the middle of the night. For a nurse to think of self before her patient is not unheard of, but when there came into my experience an undergraduate doing private nursing who had a frightful dream and wakened her patient to relate it and its portent of death, I gladly relegated her to the world outside our profession. And then the nurse's opinion of the cause of the child's indisposition being spiritualistic seances, instead of the physician's opinion of caloric deficiency, is quite plainly stated as the correct one, regardless of professional etiquette.

New York E. R.

A TRIBUTE TO THE JOURNAL

Dear Editor: At a recent meeting held at our hospital I was asked to write a review of the JOURNAL, and I did so. The members asked that it be published.

"Most all professional nurses would like to read a book or journal announcing briefly the most interesting and all new ideas concerning their work. Of course it is widely known that the duties of a graduate nurse keep her always occupied, allowing her very little time to attend lectures, or meetings, or even to read lengthy books on the subject of nursing. To-day in the wide field of medical science it is necessary for a successful nurse to familiarize herself with modern methods of her profession. There are so many opportunities offered to-day to those seeking higher and broader views. Take, for instance, public health with all its different branches. In that line of work, alone, any nurse could easily adapt herself and put into practice ideas of her own. Also a number of nurses would like to have information regarding industrial work, regarding institutional work, social service work, and many other branches too numerous to

mention. Probably the best and most up-to-date magazine or journal in circulation to-day is the AMERICAN JOURNAL OF NURSING. It is the property and official organ of the American Nurses' Association and has been published monthly for the past twenty years from the editorial office in Rochester, N. Y. All news and information connected with the nursing world are conveyed to the reader briefly and concisely. From the beginning to the end it is filled with educational matter. Besides news and information, it contains a large number of advertisements for those wishing positions of any kind and it also mentions locations of schools for those desiring special courses. A constant reader of this journal is pretty well informed concerning all work in the line of nursing. The reader will also find pleasure in short stories appearing each month. I can recommend this JOURNAL as an economical one meeting the requirements of those nurses wishing to be well informed.

Maryland A. W.

A CORRECTION AND SOME DATA

Dear Editor: In the December number of the JOURNAL is a notice of the death of Ada B. Shaw, in which it is stated that she organized the visiting nurse work at Princeton, N. J. Miss Shaw relieved me for a vacation, and I appreciated her interest in going over the work with me. It was after this visit that she became deeply interested in public health work. In addition to the work spoken of in the December magazine, she organized the visiting nursing at Meadville, Pa., which is still continuing the splendid service as she planned it. It was also due to her effort that visiting nursing was established at Jamestown, N. Y. Miss Shaw's love for organizing was such that she did not seem contented to remain long in a place after she had planned the work to run smoothly. Wherever she went she infused into the work enthusiasm and interest, thus leaving her impression on the work for permanent improvement. Her vision was ever greater than her strength, and sadder, even than her death, was the fact that she was compelled for a time to lay down her work, and with hands idle, look on. The visiting nursing at Princeton, N. J., was organized in 1900, or 1901, by Marjorie Cox, who continued it for a year. I began my Princeton service in 1902 at $50 a month, out of which I paid my board. I felt satisfied, as I loved the work. At the close of the year, I had a leave of absence, and after several changes, the Committee asked me to return with an increase of salary, a house and a housekeeper; the arrangement of the house was such that I could care for two emergency cases. The patients were supposed to be transferred to the Trenton hospitals as soon as practicable. The moving of the patients was very hard to accomplish, after they had been admitted to the nurse's home, and so we had a number of interesting recoveries, also various experiences. I look back on my six years in Princeton with the greatest pleasure. As the years go on, and with the various phases of nursing that have come to me, there is always the strongest feeling prompting me to again take up my basket and get back to the patients in their homes, where true gratitude is found for work that the nurse often feels is incomplete. The Princeton visiting nursing has developed into a hospital, with the nurse continuing her work for the town and residing in the hospital.

Pennsylvania J. E. Y.

PRIVATE DUTY NURSING

Dear Editor: "What is wrong with the private duty nurse?" is the question asked in the January JOURNAL. As a private duty nurse for thirty years I have found very little wrong,—on the contrary, my life has been a very busy and a

very contented one. I received my training in one of the large New York hospitals, in the days when the course covered only two years and when antiseptic surgery was in its early infancy, when dressings were clean but not sterilized and present day operating technique was practically unknown. We had few deaths from septicemia and only one, during my course, from puerperal fever, thanks to an up-to-date obstetrician, who against all opposition insisted upon surgical cleanliness. Nursing was hard in those pioneer days, we had no modern nurses' home with steam heat and modern comforts; the food was none too nourishing or abundant; we went on duty in the wards the day of arriving at the hospital, classes and lectures were all at night, after eleven hours of duty. We carried all our trays from the serving kitchen to the wards, scraped and washed all our flaxseed poultices and cloths, and did a lot of scrubbing and cleaning. I had $21 per week after graduation and the same amount for the first ten years afterwards, then $25 per week for the next eight years, and after two postgraduate courses in obstetrics and general nursing, I felt I could ask more for obstetrical cases. I practically worked only for two specialists. The majority of my patients were of moderate means, a few well to do, but some with very limited means. I loved the babies and instead of going to India or China to do missionary work, I took delight in teaching the mothers how to care for and feed their babies. I took the same interest in the older children and when the mother was ill, looked after the older children, supervised their care and feeding, put the mother's mind at ease and so did my bit for humanity. I often went for the fourth or fifth baby in the home and felt free to charge according to the income of the bread winner. After each case was finished, I went home to rest for a week or two before going to another. During that interval I found time to enjoy concerts or lectures, see my friends, do some necessary mending, and prepare for the next four or six weeks of work. I found no monotony in my work; each patient presented a new phase and new interests; many became warm personal friends and I never felt it to be a curtailment of advancement in nursing or other lines of work,—on the contrary, a great opportunity for service beyond the bond. I think the trouble with the majority of nurses is, that they live very narrow lives in a club house or nurses' home, where they congregate daily for a cup of tea, talk over their cases and the petty little woes, real or imaginary, and do nothing to broaden life for others, or add to their own larger outlook. We need to keep up with current events, keep posted about the world's doings, attend travel lectures, hear good music, not invariably go to see plays and attend the movies, take a course in reading, study a foreign language, do any or all of these things which will help to broaden our horizon and make us more acceptable to the patients we are called upon to care for. While the world lasts, the sick are with us and will need us. We must search for and find the secret of happiness in our work, ever remembering that the purpose of every good nurse is to make her patient comfortable and happy, and that we go to each case, not to be ministered unto, but to minister.

New York AN OLD GRADUATE WHO IS STILL IN HARNESS.

COÖPERATION FROM THE MEDICAL PROFESSION

Dear Editor: Last night witnessed a splendid piece of professional coöperation. The St. Louis Medical Society a week ago had voted to oppose the nurses' bill. This action was taken because they did not understand what the nurses were working for, and they felt that the hospitals would be improperly staffed if the schools were to immediately raise their entrance requirements, and if all

theoretical work were to be given only in central schools. The secretary of the legislative committee secured an invitation for the nurses to go before the Medical Society and explain their stand. As a result, about one hundred nurses attended a meeting of the Medical Society. Miss Gillis of the City Hospital School of Nursing outlined the bill, which provides for: (1) A gradual raising of preliminary educational standards; (2) Mandatory registration for nurses and attendants; (3) Provision for training attendants with registration and licensing of same; (4) Annual registration; (5) Establishing the office of educational director. Helen Wood, chairman of the Legislative Committee, told of the survey just completed and brought out the fact that the survey showed that where the standards of the schools are highest, there are the greatest number of applicants. A lengthy discussion followed and though a lively interest was apparent there was a fine spirit of coöperation. Finally the leader of the opposition, being satisfied that the demands of the nurses were just, made a motion, which was carried, that the St. Louis Medical Society approve the bill in question.

Missouri M. S. W.

OLD COPIES OF THE JOURNAL

Dear Editor: I have the following copies of the AMERICAN JOURNAL OF NURSING and would like to dispose of them for ten cents: July and August, 1908; September and October, 1909; April, September, November, and December, 1910; October, November, December, January and March, 1911; January through September (with the exception of July), 1912; complete files of 1918, 1919, and 1920, excepting January.

816 N. Market St., Thorntown, Ind. FLORENCE CONES.

LETTERS FROM NAVY NURSES,—FROM THE U. S. S. RELIEF

My dear ———: February 27, 1921.

I know you are very anxious to hear how we are getting on. Fine! And did I hear you say you were afraid the nurses would be idle until we reached the Fleet and patients were received? Let me ease your mind by saying there is not a busier beehive than on the Good Ship *Relief*. We are putting a new hospital in commission and in addition to other considerations, we have to think of the wind and the waves. Therefore, every instrument and appliance must have the groove where it will be anchored. The sewing machine has buzzed from morning until bedtime and dressings, glove holders, etc., are being made as fast as nimble fingers can fly. In addition to this work, we had the wards fitted up and in excellent condition for Saturday inspection. The effect was good and the Captain was so pleased that he sent a personal memo. thanking the nurses for the work done and the spirit they had shown.

March 2, 1921.

I have been so busy I have not had time to finish my letter and now we are enjoying the southern breezes while you are probably being whisked about by March winds. I should say we are all fair sailors. Only three of our number have been overcome so far that their heads went down and they looked as if they had fallen into a bucket of whitewash; but even *they* have been in good spirits and all are on duty this morning, though one or two are keeping an eye on the distance between themselves and safety. I am encouraging them to keep busy, as it is apparently the best remedy, though they can always turn in at quarters. As you know, we are running our own mess, and after the easy method of subsistence in our Naval Hospitals, this arrangement calls for considerable thought and planning, but I believe we have safely passed our first milestone and there will

be some money left in the treasury. I feel very happy over this and I am sure when the ward room steward and the cook have a better knowledge of our likes and dislikes, we shall be in clover. Meanwhile the nurses enjoy the novelty of the arrangement. Miss K was elected Mess Treasurer for March. We intend to run a little close, so that we will have a bank account sufficient to put in the stores that we want. We are all enthusiastic that the plan is developing so successfully. During our short stop at Hampton Roads, the boats brought the nurses from that hospital over to the ship and later took them home. They appeared to enjoy their visit greatly and we were proud hostesses. To-day, the ship is being washed so that she will be spick and span when we join the Fleet. What a wonderful moment it is going to be. We are thrilled when we think of it. The nurses are to be on the bridge deck, the officers on the upper deck, and all will be at attention as we approach and swing into place. We had our first operation last night,—appendectomy. Everything went off beautifully; there was so little motion that we forget we were on shipboard. In the operating room, not a sound, that is, not one of the ship's sounds, could be heard.

March 4—Guantanamo Bay.

I doubt if anyone in Washington has been as thrilled to-day as we were when we swung into the Bay. We sighted Cuba about 6:00 a. m. and at 12 we rounded the point. Four hydroplanes came up to meet us. The sky was amazingly blue with great banks of white fleecy clouds and there was no flaw in the appearance of our beautiful ship. All the partially sick nurses are in fine condition now and are fully equipped with "sea legs." The *Solace* (one of the old hospital ships) is here and looks like a little tug boat, but of course all look small beside the "Master Hospital Ship." I can hear you saying, "How much they dislike themselves!"

J. B. B.

THE HANDICAP OF ONE SCHOOL

Dear Editor: I am a very interested reader of the JOURNAL, and have read repeated discussions on shortage of student nurses, so I would like to contribute my opinion as to the cause. I believe one of the causes is poor and insufficient food. Sorry to state that such is the case in our school. Since I have been in the school, we have never had one thing served to us hot, except, on one occasion, some hot soup, due to the fact that a member of the Board was a guest at dinner. Soup is a very special dish, being served about once every two months. Potatoes never vary, always boiled whole and served to us absolutely cold; oatmeal, in the morning, is always cold, with cold milk, consequently we do not eat it. Suppers never vary, always cold fried potatoes, with tea so black it looks like coffee, for the woman in the kitchen believes in boiling tea. There is always only half enough for us to eat,—seldom any provision made for the night nurses. It is a well known fact that we maintain the restaurants and lunch houses of the town, most of our money goes for eats; we must spend it or be hungry most of the time. The woman in charge of the kitchen is very old in the service, and having grown up with the place she feels she owns the hospital and the nurses. We had a very agreeable maid in the kitchen for a while, but because she was good to us, and tried to see that we got something to eat when she had the chance, she was discharged. So you can see why our girl friends do not enter the training school. I believe it is a mistake to grow old in charge of a hospital and remain narrow; it would be better to find out what the rest of our friends are doing. I do wish our outlook were brighter, as I would like to see our hospital with a good sized training school.

J. M.

New York

A DESERVED TRIBUTE

Dear Editor: Will you kindly publish the following extract from a letter written about one of our alumnae (the Episcopal Hospital, Philadelphia)?

"I want to thank you for sending such an efficient nurse to our community and to thank her for her noble service to us in the hour of our great suffering. Miss T. came into our home a stranger. Immediately she took command. She instilled confidence at once; our anxieties were relieved. She gave no thought to self, paid no attention to the fever that was running through her own veins at the time, brushed aside the suggestion that she had just finished days of hard travel and had been without a night's sleep, with a smile, and assured us that all would be well with the patient. For forty-eight sleepless hours, or more, she watched the delirious patient and kept reassuring us that there was no immediate danger. Only those who have passed through what our family did can realize what a comfort it was to have had her with us during that critical time. We did not know before what a Red Cross Nurse meant to a community. We do know now. Miss T. is a woman who is silent on what she has done, one who speaks not of her sacrifices nor of her heroic endurance, nor of her many accomplishments. She is a woman who works with great intelligence, a woman who has tact and patience, a 'real mother.'"

F. E.

NOTE: Laura B. Cantrell, who wrote in the Letter Department of the March JOURNAL that she had JOURNALS to dispose of, has given them all away, and as inquiries are constantly coming to her for them, she wishes to inform inquirers, by this means, that she has no more on hand.

TOO LATE FOR CLASSIFICATION

The Nominating Committee of the National League of Nursing Education presents the following ticket of nominations: For President, Anna C. Jammé, 218 Lachman Building, San Francisco, California; for First Vice-President, Laura R. Logan, School of Nursing and Health, University of Cincinnati, Ohio; for Second Vice-President, Carrie M. Hall, Peter Bent Brigham Hospital, Boston, Mass.; for Secretary, Martha M. Russell, University Hospital, Boulder, Colo.; for Treasurer, Bess M. Henderson, Children's Memorial Hospital, Chicago, Ill.; for Directors, 1921-23, S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa.; Ethel P. Clark, Robert W. Long Hospital, Indianapolis, Ind.; Mary C. McKenna, Columbia Hospital, Columbia, S. C.; Isabel M. Stewart, Teachers College, Columbia University, New York City.

Nominating Committee: R. Inde Albaugh, R.N.; Adda Eldredge, R.N.; Elsie L. Burke, R.N., Chairman.

Illinois.—An institute for the training of nutrition workers will be conducted under the auspices of the Elizabeth McCormick Memorial Fund, in Chicago, June 13-23. Dr. William R. P. Emerson of Boston will give the lectures and class demonstrations, assisted by members of the staff of the Elizabeth McCormick Memorial Fund. The fee for the course is $50.

Indiana.—An effort is being made to organize an Indiana State Hospital Association. A meeting for this purpose will be held at Hotel Fowler, LaFayette, April 27 and 28, 1921. Every one interested in the formation of such an association is urged to be present.

NURSING NEWS AND ANNOUNCEMENTS

News items must be received at the JOURNAL office before the 15th of the month in order to ensure publication in the JOURNAL of the following month.

THE NATIONAL LEAGUE OF NURSING EDUCATION will hold its twenty-seventh annual meeting in Kansas City, Mo., April 11-14, 1921.

Headquarters.—The convention headquarters will be at the Hotel Muehlebach. Eleanor Hamilton, Research Hospital, Kansas City, is Chairman of the Committee on Arrangements. Reservations for hotel accommodations should be made through the committee, as it has tentatively engaged 300 rooms and cannot be responsible for reservations after these are taken.

Outline of Programme.—On Monday, April 11, at 10:00 A. M., there will be an Executive Board meeting; from 2:00 to 4:00 P. M. an Advisory Council meeting, and from 4:00 to 5:30 P. M. special Committee meetings, as called by each chairman. The formal convention will open at 8:00 P. M., at which time the address of welcome and the president's address and response will be given. The address of the evening will be on the subject, "Training for Leadership."

The hours of 8:00 to 9:00 A. M., each day of the convention, will be devoted to Round Tables. On Tuesday the subject will be Membership Obligations and Responsibilities. On Wednesday the subject will be Problems Relating to the Social Life of the Training School; Personnel,—including executives, teaching staff, students and sub-departments; Work of Social Directors. Chairman, Grace E. Allison, Lakeside Hospital, Cleveland, Ohio. On Thursday the topic will be Problems Relating to the Health of the Students; chairman, Susan Watson, Barnes Hospital, St. Louis, Mo.

There will be registration of members on Tuesday and Wednesday, April 12 and 13, from 8:00 to 10:00 A. M.

The morning and afternoon sessions on Tuesday will be devoted to business, presentation of reports, and discussion of reports. The evening session on Tuesday, at eight o'clock, will be devoted to the subject: Main Issues of the Year in the Field of Nursing, Louise M. Powell, of the University of Minnesota, presiding. This subject will be presented under the following headings: 1, Hospital Supervision; 2, Training School Supervision; 3, Teaching Departments; 4, Hospital Management from Point of View of Board of Managers; 5, Public Health Nursing; 6, The New Interest in Nursing Education in Some Other Countries, Clara D. Noyes, Director of American Red Cross.

Wednesday morning, discussion on Need for Training of Attendants, chairman, Helen Wood. Wednesday afternoon, until three o'clock, will be devoted to Round Tables. Subjects: Teacher Shortage,—Causes and Remedies; Frequent Changes in Heads of Training Schools,—Causes and Remedies. The remainder of of the day and evening will be devoted to social affairs; automobile ride for guests and delegates at 3:00 p. m. and banquet at 8:00 p. m.

The subject of the Thursday session will be Training School Development from the Standpoint of the Instructor, Blanche Pfefferkorn, chairman; programme to be arranged by chairman. The Thursday afternoon session will be devoted to the subject, Training School Development from the Standpoint of the Principal, chairman, Sara E. Parsons; programme to be arranged by chairman. The Thursday evening meeting will be a closed meeting, Anna C. Jammé presiding, and will be devoted to unfinished business, special committee reports, discussions of policies and plans for the coming year, and report of tellers.

On Friday morning at nine o'clock there will be a session on Legislation and

Inspection of Schools of Nursing, conducted by Roberta M. West; programme to be arranged by the Chairman. The legislative section includes members of Boards of Examiners, and Inspecting Nurses, and it is hoped that all interested persons will remain over to attend this meeting.

Round Tables.—Round Tables other than those announced in the programme will be arranged on request and posted on the bulletin board, if sufficient time is given to make the necessary arrangements; and Conferences to discuss special problems not covered in the regular programme will be arranged upon request. Applications for these Round Tables and Conferences should be made to the programme monitors, Elizabeth C. Burgess, Helen Wood, and S. Lillian Clayton.

NURSES' RELIEF FUND, REPORT FOR FEBRUARY, 1921

Receipts

Previously acknowledged		$10,325.51
Interest		45.00
Cheque returned		15.00
California: District No. 5, $69.50; Pomona Nurses, $15.50; District No. 15, $10; District No. 16, $23		118.00
Florida: State Nurses' Association		15.00
Illinois: State Nurses' Assn., $10; Minnie D. Wilbur, Chicago, $2		12.00
Maine: Trull Hospital Alumnae Assn., Biddeford, $10; Margaret Dearness, Jane Prevost, Leona D. Roderigue, Gertrude C. Crabtree, Gladys M. Byron, and Jane Stanley, $1 each		16.00
Massachusetts: Massachusetts Homeopathic Hospital Al. Assn., Boston		25.00
Minnesota: State Nurses' Association		36.00
Missouri: Mina Shipley and Carolyn I. Clawges, Kansas City, $1 each		2.00
Montana: Silver Bow County Nurses' Assn., Butte		6.00
Nebraska: State Nurses' Association		314.71
New Jersey: State Nurses' Association		35.00
New York: *New York Post Graduate Hospital Al. Assn., New York, $100; Long Island College Hospital, Brooklyn, individual members, $40; *Amy F. Patmore, New York, $5; Jessie Broadhurst, Oneida, $5; *Helen Crowley, Ogdensburg, $1		151.00
North Dakota: Devils Lake General Hospital Al. Assn.		7.00
Oklahoma: State Nurses' Association		20.00
Pennsylvania: Anna M. Baer, Crafton		1.00
Tennessee: District No. 4, Chattanooga		191.00
Texas: Ethel Brereton, San Antonio		25.00
Washington: Lillian Bennett, Colfax		5.00
		$11,365.22

* Given in memory of Sophia F. Palmer.

Disbursements

Paid to 15 applicants	$ 307.00	
Exchange on cheques	.40	
10 Liberty Bonds	8,816.53	
		9,123.93
		$ 2,241.29
Invested funds		36,500.00
		$38,741.29

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. Louise Twiss, *Treasurer.*

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(Contributions received up to March 15, 1921)

Previously acknowledged	$50,682.78
New Jersey	7.25
Oregon	52.82
Vermont	25.00
	$50,767.85

ARMY NURSE CORPS

It has been learned through the secretary of the American Nurses' Association that many nurses of the Army Nurse Corps are not keeping up their membership in that Association, either through their own alumnae membership or through the district association of their actual residence. Since the nurses of the United States are the best organized women in the country, and have been able through their associations to accomplish so much for the advancement of nursing and thus for the public welfare, it is most unfortunate for Army nurses to be losing their connection with the association. It is probably due to a lack of understanding of the situation and a carelessness about nurses' group-duty. In the organization of the American Nurses' Association and its constituent members, the alumnae associations, provision has been made for the alumnae associations to divide their members into two classes, the active members and the non-resident members. The non-resident members are those who do not live in the district in which an alumnae association is located. Usually it is necessary for a nurse who has moved out of the district where her alumnae association is located, to be placed in the non-resident class, but this ruling is not enforced for Army, Navy or missionary nurses, who are allowed to retain their membership, even though they are not living in the district, as it is felt that unless they are fairly sure of being stationed for a long time at one place, the alumnae is their only link with the national body. Since in union there is strength, Army nurses and former Army nurses are urged to keep in touch with the large body of nurses of the American Nurses' Association by renewing their membership in their own alumnae associations.

It is to be noted that no nurse can have the help of the relief fund unless she is a member of the American Nurses' Association, and no one can have the Robb Memorial Scholarship unless she is a member. In the Army Nurse Corps there should be a one hundred per cent membership of the American Nurses' Association. Army Chief Nurses are urged to apply for membership in the National League of Nursing Education. Blanks can be obtained through the secretary of the League, Mrs. Alice Fleak, Chief Nurse, Letterman General Hospital, San Francisco, California. All members of the Corps who are interested in public health work should become members of the National Organization for Public Health Nursing, and receive the magazine, *The Public Health Nurse.* Applications should be sent to the Membership Secretary, Pearl C. Braithwaite, 156 Fifth

Avenue, New York City. Copies of *The Public Health Nurse* have been ordered for every Army hospital where nurses are stationed, and every nurse will find it greatly to her interest to read carefully this publication every month, as well as THE AMERICAN JOURNAL OF NURSING. To be informed about the policies and plans of our national associations, and to know of the activities of our nurse leaders is a duty that is made easy of accomplishment for every member of the Army Nurse Corps.

In February, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: to Station Hospital, Ft. Banks, Mass., 2nd Lt., Edith C. Williamson; to Station Hospital, Ft. Benjamin Harrison, Indiana, 2nd Lt., Della A. Killeen; to Station Hospital, Camp Benning, Ga., 2nd Lts., Mary Cavanaugh, Ruth A. Heagney, Frances C. Henchey, Estelle Leary; to Station Hospital, Ft. Bliss, Texas, 2nd Lt. Lois Mills; to Station Hospital, Camp Bragg, N. C., 2nd Lts. Jeanette Lathrop, Meda Marxer; to Station Hospital, Brownsville, Texas, 2nd Lt. Kathleen V. Corcoran; to Station Hospital, Camp Dix, N. J., 2nd Lts., Alma H. Bretz, Marie I. Caldwell, Elizabeth Isenberg; to Fitzsimons General Hospital, Denver, Colorado, 1st Lt., Lulu M. Gerding, 2nd Lts., Bernice W. Chambers, Anna K. McLaughlin, Emily L. Martin, Mabel V. Rayson; to Station Hospital, Camp Jackson, S. C., 2nd Lts., Minnie M. Black, Rose Clara Charvat, Margaret Coffman, Johanna Gorman, Katherine H. Harrington, Catherine Lynch, Elizabeth McLaughlin, Katherine E. Nugent, Emma M. Olson, Mary E. Ray, Margaret F. Staples, Erma M. Sutton, Margaret R. Walsh, Theresa P. Walsh; to Station Hospital, Camp Knox, Ky., 1st Lt., Jane G. Molloy, 2nd Lts., Jennie Martell, Flores Masbach, Ida Schantz, Harriet P. Small; to Letterman General Hospital, San Francisco, Calif., 2nd Lts., Jane E. Brown, Florence C. Daley, Dorrit Degner, Sara Jane Early, Anna M. Grassmyer, Myrtle S. Holloway, Sara F. Kern, Jennie Leber, Marie Jedamus, Ethel W. Sels, Hannah B. Smythe; to Station Hospital, Camp Meade, Md., 2nd Lt., Ruth R. Brown; to Station Hospital, Camp Pike, Ark., 2nd Lts., Elizabeth Boda, Anna G. Colwell, Lillie Harrison, Elizabeth Michener; to Station Hospital, Fort Riley, Kansas, 1st Lt., Anna L. George; to Station Hospital, Ross Field, Calif., 2nd Lt., Thea C. J. Coffey; to Station Hospital, Ft. Sheridan, Ill., Mary M. Brady, Dorothy S. Frank, Elizabeth Shannon, Margaret M. Shook, Vida M. Wilson; to Station Hospital, Fort Totten, N. Y., 1st Lt., Ida E. German, 2nd Lts., Anna Brennan, Mary U. Curran, Rose M. Donahue, Anna B. Hopkins, Margaret F. Riley, Alma T. Skoog, Elizabeth B. Mahoney, Eva G. Curovish, Julia McAuliff, Elizabeth I. McDermott, Ellen Teele, Elizabeth Treuholtz, Elizabeth E. Waid; to Walter Reed General Hospital, Takoma Park, D. C., 2nd Lts., Lylan M. Grady, Bernice E. Hanson, Belle Lombard, Frances A. Merrill, Catherine Morrison, Ethel Yantis, 1st Lt., Grace E. Hill.

Orders have been issued for the separation from the service of the following named nurses: 1st Lt., Miriam Cleghorn; 2nd Lts., Isabella Aitken, Rose Allison, Harriet A. Beach, Anna Buchwalt, Marie A. Buckley, Ethel R. Caldwell, Welma G. Doren, Frances A. DeMarce, Laura C. Doub, Julia C. Driscoll, Catherine Gemienhardt, Caroline C. Hamer, Florence Hillyer, Margaret Hopkin, Elizabeth Hutchison, Mayfred E. Jenner, Edith Kingsley, Gertrude Lundy, Laura Magenheimer, Catherine Agnes Mullen, Katherine Neavling, Leona Mellish, Annie Nugent, Ellen Oliver, A. Bessie Pratt, Anne Redhead, M. Elsie Ritter, Lora Schroeder, Florence M. Seeger, Helen Whittemore.

The following named 2nd Lieutenants, Army Nurse Corps, have been transferred from the reserve to the regular corps: Alma Halferty, Stella M. Swank.

The following nurses have been appointed into the corps: Alma H. Bretz, Thea C. J. Coffey, Dorrit Degner, Lylan M. Grady, Della A. Killeen, Anne Kathleen McLaughlin, Flores Maebach, Hannah B. Smylie.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps, and Dean, Army School of Nursing.

NAVY NURSE CORPS

It is gratifying to note that in recognition of the recommendations submitted by their commanding officers, a special letter of commendation from the Department noting their efficient services during the war period, has been attached to the records of the following Chief Nurses: J. Beatrice Bowman, Elizabeth Leonhardt, and Martha E. Pringle.

The following nurses have been appointed and assigned to the Naval hospital at the station indicated: *To Fort Lyon, Colo.*, Mabelle S. Torgeson, Dubuque, Iowa. *To Mare Island, Calif.*, Dessie B. Kissell, Sacramento, Calif. *To New York, N. Y.*, Helen A. McGrath, Waterbury, Conn.

The following nurses have been transferred: *To Annapolis, Md.*, Mary V. Hamlin, Chief Nurse, Philadelphia, Pa., Dispensary, Navy Yard, (temporary); Esther L. C. James, Chief Nurse, Norfolk, Va., Dispensary, Navy Yard, (temporary); Loretta McDonald, Washington, D. C., Naval Dispensary, (temporary); Bertha I. Myers, Chief Nurse, Norfolk, Va., Naval Operating Base; Mabel L. Powell, Chief Nurse, New York; Clara L. Thomas, Washington, D. C., Naval Dispensary, (temporary). *To Canacao*, Mary P. Young, San Diego. *To Great Lakes, Ill.*, Josephine Y. Raymond, Washington, (temporary). *To Guam*, H. L. McKenzie, Mare Island. *To League Island, Pa.*, Emma L. Colebourn, Washington; Mollie Detweiler, Chief Nurse, Pearl Harbor; Mary A. Mulcahy, New York; Frances L. Winkler, Chief Nurse, Annapolis. *To Mare Island, Calif.*, Helen M. Bunty, Fort Lyon; Mabel H. Gommel, Fort Lyon. *To Naval Base Station, Norfolk, Va.*, Elizabeth M. Bartlett, Norfolk, Va., (temporary); Grace L. Goodwin, Gulfport; Margaret A. Snyder, Key West; Mabel W. Van Kirk, Key West. *To New Orleans, La.*, Ferol Ford, Great Lakes. *To New York, N. Y.*, Anna G. Davis, League Island; I. Grace Kline, Chief Nurse, Newport, Hospital Corps Training School; Betty W. Mayer, Quantico. *To Norfolk, Va.*, Lucy A. West *U. S. S. Henderson. To Pearl Harbor*, Erna Dieselkamp ,Great Lakes; M. O. Hutchinson, Great Lakes. *To Quantico, Va.*, Margaret M. Brown, League Island; E. Gallaher, Washington, Naval Dispensary, (temporary); Katrina Hertzer, Washington, Bureau of Medicine and Surgery, (temporary); Delyla G. Therne, Chief Nurse Pensacola; Lillie May Truitt, Washington. *To U. S. S. Relief*, Florence R. Partridge, League Island. *To San Diego, Calif.*, Adah M. Drinkwater, *U. S. S. Mercy*; Agnes J. Gibson, Fort Lyon. *To Yokohama*, Jennie F. Sheldon, Guam.

The following nurses have been transferred from inactive to duty status: *To Annapolis, Md.*, Jane C. Thorpe, Aiken, S. C. *To Chelsea, Mass.*, Katherine Egan, Springfield, Mass.; Agnes E. Nolan, Revere, Mass.; M. Alice Roach, Lowell, Mass. *To Great Lakes, Ill.*, Marie Henricksen, Racine, Wis.; Myrtle W. Johnson, Chicago, Ill. *To League Island, Pa.*, Nellie J. Dewitt, Susquehanna, Pa. *To New York, N. Y.*, Anna E. O'Brien, Cohoes, N. Y.; Sophia O'Leary, New Bedford, Mass. *To San Diego, Calif.*, Marie Weaver, Dallas, Texas.

The following Reserve Nurse, U. S. N., has been transferred to the Regular Nurse Corps: Gertrude E. Dean.

The following Reserve Nurse, U. S. N., has been placed in inactive status: Edith M. White.

The following Nurse, U. S. N., has been appointed Chief Nurse, U. S. N.; Mina A. King.

Honorable Discharges.—Emma M. Jordan, Naval Dispensary, Washington; Dorothy W. Pierce, Great Lakes; C. Irene Reed, League Island; Helen A. Smith, Portsmouth.

Resignations.—Bertha Chambers, Pensacola; Margaret C. Harley, Gulfport; Mae P. Harrell, Parris Island; Mabel Heitzman, Norfolk; Marie E. Kelly, Great Lakes; Ione E. Raisler, Fort Lyon; Roselee Rochon, Newport; Mary A. Turner, Fort Lyon; Mabel W. Van Kirk, Naval Base Station, Norfolk.

LENAH S. HIGBIE,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

The following is the list of promotions and transfers for the month of February: Katherine Dorsey, Assistant Chief Nurse, Oteen, No. 60, transferred, Chief Nurse, Norfolk, No. 29; Anna Sutter, Staff Nurse, Waukesha, No. 37, transferred, Western State Hospital, Washington, as Chief Nurse; Permillia Clark, Assigned Chief Nurse, Minneapolis, No. 68; Lydia Miller, Assigned Assistant Chief Nurse, Minneapolis, No. 68; Effie Whyte, Chief Nurse, Norfolk, No. 29, transferred, Chief Nurse, Fort Thomas, Ky.; Susie Geer, Promoted Chief Nurse, Palo Alto, No. 24; Grace Dowling, promoted Assistant Chief Nurse, New York, No. 38; Edith Stiles, promoted Assistant Chief Nurse, New York, No. 38; Christina McGrath, Assistant Chief Nurse, Augusta, No. 62, transferred, Chief Nurse, New Orleans, No. 58; Isabel Shannon, Assistant Chief Nurse, Waukesha, No. 37, transferred, Assistant Chief Nurse, West Roxbury, No. 44; Katherine Hegarty, Assistant Chief Nurse, Markleton, No. 47, transferred, Assistant Chief Nurse, Oteen, No. 60; Elizabeth Jamaison, assigned Chief Nurse, St. Paul, No. 65. The total number of nurses assigned during the month is 146.

LUCY MINNIGERODE,
Superintendent of Nurses, U. S P. H. S.

THE NORTHWESTERN STATES' NURSES' ASSOCIATION, which includes Washington, Oregon, Idaho, and Montana, will hold a meeting on June 22-24, in Portland, Oregon. During the conference a joint meeting of the nurses and the social workers of the state will be held.

THE NEW ENGLAND DIVISION OF THE AMERICAN NURSES' ASSOCIATION will hold its biennial convention in Concord, New Hampshire, May 10, 11 and 12. An interesting program has been prepared with particular reference to nursing problems of to-day. A large attendance is expected.

Part of the Nursing Survey undertaken by Mary C. Wheeler, which covers the number of graduates from the schools, year by year, is not yet complete, and the schools are asked to coöperate. Each school has received one blank, many two and a few three, and it is earnestly desired that these blanks be filled in and returned promptly. Following is the list of states which have not returned all blanks and the number lacking in each case: Alabama, 13; Arkansas, 8; California, 28; Colorado, 5; Connecticut, 4; Delaware, 1; District of Columbia, 10; Florida, 6; Georgia, 19; Idaho, 7; Illinois, 19; Indiana, 30; Iowa, 21; Kansas, 25; Kentucky, 18; Louisiana, 5; Maine, 12; Maryland, 23; Massachusetts, 59; Michigan, 11; Minnesota, 14; Mississippi, 22; Missouri, 6; Montana, 6; Nebraska, 11; New Hampshire, 22; New Jersey, 16; New York, 46; North Carolina, 51; North Dakota, 5; Ohio, 53; Oklahoma, 15; Oregon, 9; Pennsylvania, 117; Rhode Island, 6; South Carolina, 21; South Dakota, 12; Tennessee, 22; Texas, 20;

Vermont, 10; Virginia, 35; Washington, 10; West Virginia, 37; Wisconsin, 4; Wyoming, 4.

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for dietitian. Vacancies in the Public Health Service throughout the United States, and in positions requiring similar qualifications, will be filled from this examination. Applicants should apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.

THE AMERICAN CONFERENCE ON HOSPITAL SERVICE held a meeting on March 9 in Chicago, in connection with the annual congress on Medical Education, Licensure, Hospitals and Public Health. Minnie H. Ahrens was placed on the Executive Board to represent the nursing profession.

Alabama.—THE ALABAMA STATE NURSES' ASSOCIATION held its eighth annual meeting at the Battle House in Mobile, on January 12. There were delegates and visitors from Birmingham, Montgomery, Selma, Dothan and Tuscaloosa. At the business session the reports from the committees, the secretary and the treasurer were submitted and accepted. Letters of thanks were read from the secretary of the Alabama Federation of Women's Clubs, and also from the chairman of the Scholarship Fund Committee for the five hundred dollars donated by the Association for a public health scholarship. A paper on Private Duty Nursing was read by Ruth Davis of Selma. Agnes Dapit, Divisional Director of the Gulf Division of the Red Cross, gave a very definite outline of the educational work being done by Miss King in visiting the schools and colleges and interesting the girls in the nursing profession. About 70 nurses attended the luncheon. Following the luncheon an automobile ride was enjoyed. The Sisters of Providence Infirmary served refreshments in the evening. The evening session was opened by an address of welcome given by Rev. Gardiner Tucker. Following a musical and dancing program Jessie Marriner, chairman of Public Health Nursing, spoke on Public Health Nursing in its National Aspect. Mary H. Nelson urged the nurses to get the "get-together" habit and have the spirit of coöperation between the Public Health Association and the State Association. The next meeting will be held in Montgomery. The following officers were elected: President, Eloise Schleund, Southern Infirmary, Mobile; vice-presidents, Eunice Ward, Montgomery, and Linna Denny, Birmingham; secretary, Catherine A. Moultis, 1032 Elm Street, Birmingham; treasurer, Bertha Clement, Birmingham; chairman Relief Fund Committee, Lucille Dugan; chairman, Program Committee, DeWitt Dillard; chairman, Nominating Committee, Helen MacLean. Lemoyne Phares was elected a member of the State Board of Nurse Examiners.

Arkansas.—THE ARKANSAS BOARD OF NURSE EXAMINERS will hold an examination for the registration of nurses at the State Capitol, Little Rock, May 10 and 11. Applications should be filed with the secretary, Sister Bernard, St. Vincent's Infirmary, Little Rock.

Colorado.—THE COLORADO STATE GRADUATE NURSES' ASSOCIATION held its seventeenth annual meeting in Colorado Springs, February 9, 10 and 11. All meetings were held in the convention hall of the Antlers' Hotel. THE LEAGUE FOR NURSING EDUCATION held a meeting on the afternoon of February 9. Many citizens of Colorado Springs and the pupil nurses from the three training schools of the city attended the formal opening meeting on the evening of February 9. Following the invocation by Rev. S. C. Dickinson, addresses of welcome were given by Mayor C. E. Thomas on behalf of the city and by Mrs. L. A. Miller on behalf of the State Federation of Women's Clubs. Mary B. Eyre, superintendent

of nurses, Minnequa Hospital, Pueblo, responded. Frances Ott gave an address, Opportunities in the Nursing Field, which was followed by an address by Dr. O. R. Gillett on The Need of a Greater Public Health Service. Following an address by the President, Mrs. Oca Cushman, the morning session on February 10 was given to business, reports, etc. Among the reports was the very interesting report of our delegate, Mary Taylor, to the biennial convention of the American Nurses' Association in Atlanta. It was voted by the association to extend an invitation to The American Nurses' Association to meet in Colorado Springs for the biennial conventon, 1926. The afternoon session was again given to papers and discussions. Helen Hickman gave a paper on Nurses' Central Directories. Harriet Friend gave a paper on Nursing Education and State Registration and Dr. Elmer L. Timmons gave an address on The Feeding of Infants. Carrie Moore reported the organization of a Private Duty Section. Ninety-four nurses sat down to the banquet table. The good fellowship and the perfect arrangement by the Colorado Springs nurses made it a ne'er to be forgotten affair. The Friday session was given to the Public Health Section, with Olive Chapman, Secretary of The National Organization for Public Health Nursing, presiding. Ivah Shellenberger gave a paper on School Nursing, and Frances Simons gave a paper on Community Nursing. Traveling Clinics was the topic of a paper by a member of the State Tuberculosis Committee. Nell Notestein gave a paper on Health Centers and Clinics. Miss Jordan of Denver gave an address on Federal Board Vocational Training. It was voted, as an association, to contribute to our state fund for the care of tuberculous nurses; also to contribute to the Relief Fund of the American Nurses' Association. The amounts to be contributed are left to the discretion of the Board of Directors. Frances Ott, member of Board of Directors of The American Nurses' Association, was present during the entire session, and contributed much, both by her genial personality and her advice on many subjects. She did not impress us that she was interested only in the organization of a Private Duty Section, but that from being a member of her Alumnae Association on up she was a nurse and interested in the nursing profession. All things contributed to make it the beginning for a different type of annual meeting, for we have grown, since revision, from a family of 200 to 600 members, and when one-sixth of that membership registered, it showed possibilities for future meetings.

Connecticut.—The Connecticut League of Nursing Education held its annual meeting at the Center Church House, Hartford, January 25. At the business session, Maude Landis, chairman of the Committee on the Campaign for Recruiting Student Nurses, outlined a plan for the intended campaign. Sarah Hyde, chairman of the Committee on Constitution and By-laws, read for consideration the Constitution and By-laws for the League, which were voted on and adopted. Ten names were presented for membership and were accepted. The following officers were elected for the year: President, Robina L. Stewart, Hartford; vice-presidents, Maude Landis, New Haven, and Marion Wells, Meriden; secretary, Grace L. Reid, Hartford; treasurer, Lucile Merrill, New Haven; councilors, Martha Wilkinson, Hartford; Leila I. Given, New Haven; Josephine Coffee, New Haven. A joint meeting of the Graduate Nurses' Association of Connecticut and the Connecticut League of Nursing Education was addressed in the evening by Florence Johnson, Director of the Atlantic Division, American Red Cross Nursing Service, and E. E. Pearce, Publicity Director of the New York City League. New Haven.—The Alumnae Association of the School of Public Health Nursing held its annual meeting on January 3. There were

twenty-four members present and three honorary members. Margaret K. Stack, Director of the Connecticut Bureau of Child Hygiene and Public Health Nursing, told of the good work being accomplished throughout the state by the rural nurses. Abbie Gilbert, Supervisor, Infant Welfare, New Haven Visiting Nurse Association, spoke on The Inspiration of the Alumnae to the Individual Nurse. Edna Anderson, class of 1916, wrote a very interesting account of her work as a county school nurse in Oklahoma, where she has been for two years. M. G. Hills, Director of the School of Public Health Nursing, told of a trip to California. The following officers were elected: President, Mary Callahan; vice-president, Elizabeth O'Keefe; secretary, Dorothy Roessner; treasurer, Alice Lacourciere. Three of the four nurses who gained their training through the American Red Cross Scholarship Fund are working in rural communities in Connecticut. Miss Law is in Madison; Miss Callahan is in Guilford; Mrs. Gertrude Trisch Hadley is working with the New Haven Visiting Nurse Association; and Helen Bruger is located in Cheshire, Connecticut. Miss Bruger recently established public health nursing in Cheshire, and will resume her duties as soon as she recovers from burns which she received recently. When she was calling on a patient the mother of the patient backed into a stove and her clothing ignited, and, but for Miss Bruger's efforts would have burned to death. L. C. Spence has taken the position as State Supervising Nurse to succeed Mary Conlan, who recently resigned. Miss Reynolds, class of 1920, is working in Hamden. Her work grew with such bounds that a second nurse has been employed to help her this winter.

District of Columbia.—The Nurses' Examining Board of the District of Columbia will hold an examination for the registration of nurses on May 10. Applications should be filed with the secretary, Alice M. Prentiss, 1337 K Street, N. W., Washington. The Graduate Nurses' Association of the District of Columbia will hold a meeting on May 2 in Washington, at the Nurses' Club, 1337 K Street, N. W.

Georgia.—The Georgia State Board of Examiners met in Atlanta on February 23. All members were present except Mrs. Lillian O. Reed of Augusta. Rules and regulations governing the State Board of Examinations were revised and proposed changes in the law governing the registration of nurses were submitted and approved by the Board. The next State Board Examination for nurses will be held on April 13 and 14 in Atlanta, Macon, Augusta, and Savannah. District Association No. 2 held a meeting on March 9. Following a musical program Julia C. Flisch, leader of the Augusta Classes in Citizenship, gave an instructive talk on Why Women Should Take Advantage of the Opportunity to Vote. All members present joined the National League of Women Voters. N. M. Alvis of Richmond, Va., who has come to Augusta as supervisor of Public Health Nursing, was a guest at the meeting.

Idaho.—The Idaho State Association of Graduate Nurses held a meeting at the Chamber of Commerce, Boise, on March 1. The following officers were elected: President, Emma Amack; vice-presidents, Mrs. Osborn and Rose Smith; secretary, Mabel Minear; treasurer, Lillian Foster.

Illinois: Moline.—The Lutheran Hospital Alumnae Association has joined the Council of Nursing Education. The proceeds of several silver teas and a parcel post sale made this possible. Rock Island.—Hattie Larson is night supervisor of the Lutheran Hospital, Moline. Lillie Forsberg is supervisor of women's ward and Hilda Kronholm is operating room supervisor in the same hospital. Esther Anderson is supervisor of the Pennsylvania State Sanatorium, Cresson, Pa., and Anna Anderson has accepted a position as night supervisor of Princeton

Hospital, Princeton, Ill. All are graduates of Lutheran Hospital, Chicago.—I. C. Johansen, formerly Red Cross Supervisor for Public Health Nursing, Wayne County, Detroit, Michigan, has assumed her new duties as Field Director for Central Division. Celeste Firkins, class of 1912, Presbyterian Hospital, Chicago, has recently gone to Nansoo, Ill., with the Federal Board for Vocational Education. Miss Firkins has been in Public Health work at Kankakee. Ruth Wilkinson, class of 1920, and Lenore Martin, class of 1918, Illinois Training School, have accepted positions as surgical supervisors in the County Hospital, Twin Falls, Idaho. Lucile Gamble, class of 1920, Illinois Training School, Chicago, is doing district school nursing near Flint, Mich. Catherine Buckley, former superintendent of nurses of Washington Boulevard Hospital, is now taking a course at Columbia University. Mabel Liddell, class of 1915, Washington Boulevard Hospital, has accepted a position as superintendent of nurses at St. Maries Hospital, St. Maries, Idaho. Dorothy Huff, class of 1919, Washington Boulevard Hospital, is now doing visiting nursing in Chicago. Martha Leonard and Gladys Carroll, both of the class of 1920, Wesley Memorial Hospital, have recently joined the faculty of the training school. Miss Leonard is director of the Social Service Department, and Miss Carroll is supervisor of the Children's Department.

Indiana: Gary.—District Association No. 2 held its regular meeting on March 5. An exceptionally large group was in attendance and following the business meeting and discussion of the legislative proceedings of the State Association, Father John DeVille gave an interesting talk on the life and execution of Edith Cavell. Father John DeVille was in Belgium at the time of Miss Cavell's arrest and execution and was intimately acquainted with the chaplain who constantly visited her. Indianapolis.—District Association No. 4 held its February meeting at the Deaconess Hospital. Mary Myers, president of the State Association, gave a general review of all bills passed by the Indiana legislature that had to do with the nursing profession and outlined the present situation. Mae D. Currie, historian at the Home Hospital, Lafayette, was appointed general chairman of the training school recruiting committee. Delia Elwell and Ruby Dickinson are doing private duty in Colorado Springs, Colo. Bloomington.—The Council of Women have erected a new stone hospital building which will accommodate thirty patients. The hospital is named the Bloomington Hospital. Inez M. Smith, class of 1918, Johns Hopkins Hospital, has accepted a position as instructor in the Canton Hospital, Canton, China.

Iowa: Dubuque.—The Finley Hospital Alumnae Association held its regular quarterly meeting on March 2. A social evening followed a sumptuous supper. The Alumnae Association has the following officers: President, Stella McNamara; vice-presidents, Helen Heirstain and Fannie Peclerson; treasurer, Clara M. Henchen; secretary, Clara A. Boleyn; Board of Directors, Ella Huelshoff, Mary V. Brennan, Louise Rousell, and Anna Erold. Lydia Hepperlie, class of 1920, Finley Hospital, has accepted the position of night supervisor at Finley Hospital. Margaret Nicoll, class of 1920, Finley Hospital, has charge of Moulton Hospital, Bellevue, Ia. Anna McKay, class of 1909, Finley Hospital, is doing private duty in Tacoma, Wash. Elizabeth Carrell, class of 1909, Finley Hospital, has a position in Seaside Hospital, Long Beach, Calif. Mt. Pleasant.—Plans for the Henry County Hospital are completed and the building will be erected this spring. Mrs. Daisy Carnes has resigned as county nurse and accepted a similar position in Muscatine. Washington.—Washington County demonstrated its interest in the hospital by the remarkable attendance of 1,300 at

the commencement exercises. Major Herrick of Ottumwa addressed the meeting. Fairfield.—Jefferson County Hospital reports a newly organized Alumnae Association with 100 per cent membership. Zilpha Kemp is president and Merle Wright is secretary. Creston.—District Association No. 9 met in Creston and elected the following officers: President, Maude Ranck; vice-presidents, Alice Boltin, and Mary O'Donnell; secretary, Frances Hutchinson; treasurer, Margaret Piersons. Council Bluffs.—Mertie Johnson and Mattie Gibson, former members of Unit K, have accepted positions with the Children's Hospital, Washington, D. C. Hope Richardson is supervisor of the South Highland Infirmary. Muscatine.—Bess Woodward is studying Public Health Nursing in New York City. Public health nurses recently appointed are: Mae Mathers, Postville, Allamakee County; Emma McCall, Boon County; Mrs. Gertrude Emmerson, Clinton County; Tess Cannon, Howard County and Sofia Postgetter, Washington City Schools.

Kansas.—The Kansas State Nurses' Association will meet in Topeka on May 12, 13 and 14. Many special features are being arranged. The non-commercial exhibit is in charge of Mrs. M. C. Diffenderfer, Topeka, Kansas. Sara E. Parsons will be one of the speakers. The meeting of the Board of Directors and that of the Advisory Council will be held in the National Hotel on the first afternoon. The opening session will be held in the Auditorium of the City Building on the evening of May 12. All business sessions will be held in the Assembly Hall of the Memorial Building. Kansas City.—District Association No. 2 held a meeting on March 8 in Lawrence. The visiting nurses were entertained at dinner by the Lawrence nurses. Mayor George W. Kruck of Lawrence addressed the nurses on The Opportunities of the Nursing Profession. Elizabeth C. Sprague, head of the Home Economics Department of the Kansas University, outlined the work of the department, and spoke of the advantages of dietetics and nutritional work to nurses in their field of work. The next meeting will be at Bonner Springs in June.

Kentucky.—The Kentucky State Board of Nurse Examiners will hold the regular semi-annual examination for the registration of graduate nurses at the City Hospital, Louisville, May 24 and 25. Applications and further information may be secured from the secretary, Flora E. Keen, 115 N. Main Street, Somerset.

Louisiana.—The Louisiana State Nurses' Association held its annual meeting on February 24 in New Orleans. Shreveport was represented by a number of officers of the District Association. The Monroe District was organized. Other sections of Louisiana were not represented. It was decided at the meeting to send Miss Dauphi into the field to spend one week in each unorganized district. Mrs. Cross will take up Relief Fund work. The following officers were elected: President, Mrs. J. E. Haley, New Orleans; first vice-president, Sarah C. Murphy, Monroe; second vice-president, Barbara Frank; secretary, Mary C. Gillispie; treasurer, Clara McDonald; chairman of nominating committee, Mrs. E. D. Harris; chairman of Program Committee, Minnie Mims; chairman of Printing Committee, M. Louise Gutierrez; chairman of Legislative Committee, Sarah Babb; chairman of Relief Fund Committee, Mrs. Lora H. Cross.

Maryland.—The Maryland State Board of Examiners of Nurses will hold an examination for state registration during the third week in May. All applications must be filed 15 days prior to the date of examination with the secretary, Mary Cary Packard, 1211 Cathedral Street, Baltimore.

Massachusetts.—The Massachusetts Board of Registration of Nurses will hold an examination April 12 and 13. Applications may be had upon request and must be filed out in proper form and filed with the secretary, Dr. Walter

F. Bowers, State House, Boston, not less than seven days before the examination date. THE MASSACHUSETTS STATE NURSES' ASSOCIATION and THE MASSACHUSETTS LEAGUE OF NURSING EDUCATION met in Boston on February 26. Following the report of the secretary-treasurer, a talk on The Reconstruction of Cow's Milk to Adapt It to Infant Feeding, with lantern slide illustrations, was given by Alfred W. Bosworth, Director of Laboratories, The Boston Floating Hospital, and was much appreciated by the nurse instructors present. Mary M. Riddle led the discussion on the Proposed Plans for Revision of Constitution and By-laws of the National and State Organizations. Bertha Allen gave a talk on Plans of State Nurses' Associations for Recruiting Student Nurses. The meeting in the afternoon of the Massachusetts State Nurses' Association was opened by a prayer by Rev. Harrison B. Childs. Bernice Billings gave a report of Red Cross Nursing Work. Miss Billings emphasized the great need of nurses for the Red Cross and called attention to the fact that there are several scholarships available. Bertha Allen gave a report for the committee for recruiting of pupil nurses. There were addresses by Ellen M. Atchinson, Florence Berry and Anne Strong. The Public Health Section and the Private Duty Section held round tables. Esther Dart presided at the state meeting. Mary A. Jones presided at the Public Health Section and Minnie S. Hollingsworth presided at the Private Duty Section. Jessie E. Cotton, superintendent of the Lawrence General Hospital, announced that the next biennial meeting of the New England Division of the American Nurses' Association will be held in Concord, N. H., on May 10, 11 and 12. Charlotte W. Dana has resigned as treasurer of the Massachusetts State Nurses' Association. Her unexpired term will be filled by Laura A. Wilson. Louise S. Zutter, graduate, Massachusetts Hospital, will succeed Miss Dana as superintendent of the Boston Lying-In Hospital. Tewksbury.—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE SOCIETY held its quarterly meeting on March 6. Thirty-one members were present. Mrs. Annie G. MacDonald, who has recently accepted the position of superintendent of the training school, was made an honorary member of the society. Mrs. MacDonald was presented with a bouquet of roses in appreciation of her work for the Alumnae Association. Committees were appointed to plan for the dance to take place in the near future. Dr. Howland, superintendent of Peter Bent Brigham Hospital, and a member of the State Board of Registration, gave an interesting talk on the Importance of Registration, which was also enjoyed by the members of the senior class. Boston.—THE MASSACHUSETTS HOMEOPATHIC HOSPITAL SCHOOL FOR NURSES held graduating exercises on March 31 for forty-five graduates. Dr. C. C. Burlingame, head of the Red Cross hospitals in France during the war, gave an address. PETER BENT BRIGHAM HOSPITAL held graduating exercises for thirty-one students on December 3. Dr. Winford H. Smith, superintendent of Johns Hopkins Hospital, Baltimore, gave an address. Agnes Gelinas was awarded the Dr. John P. Reynolds medal. Pittsfield.—THE HOUSE OF MERCY ALUMNAE ASSOCIATION held its regular quarterly meeting on March 2. Dorothy Hatch, graduate, United Hospital, Port Chester, N. Y., has been appointed night supervisor at the House of Mercy Hospital. Lizzie L. MacNeil, assistant superintendent, Mercy Hospital, has been appointed by the Alumnae Association a delegate to the state meeting in June. THE BERKSHIRE COUNTY PUBLIC HEALTH NURSES held their regular meeting on March 10. Dr. A. L. Stone, City Health Officer, addressed the group.

Michigan.—THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold an examination May 25 and 26 at Lansing. Applications should be on file with the secretary, Mrs. Helen deSpelder Moore, Lansing, ten days before the

examination. All non-registered nurses residing in Michigan are advised to obtain state registration as soon as possible, as a bill before the legislature, if passed, will be mandatory requiring all graduate nurses to be registered before beginning to practice nursing.

Minnesota.—THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold an examination for the registration of nurses on April 29 and 30, in the State Capitol, St. Paul. Applications must be filed with the secretary, Margaret A. Crowl, by April 20. Nurses, who will complete their training before July 1, 1921, may take the examination. THE MINNESOTA PUBLIC HEALTH NURSES' SECTION OF THE MINNESOTA STATE NURSES' ASSOCIATION was organized at the annual meeting of the Association in St. Paul last October with Frances V. Brink as chairman. The first meeting of the Public Health Nurses' Section was held in December in Minneapolis, to adopt by-laws and consider plans for the year. The various phases of Public Health Nursing represented in the section are: Rural Nursing, Mental Hygiene, Medical Social Service, Industrial, Tuberculosis, School Nursing, Visiting Nursing and Infant Welfare. Meetings of the executive board will be held once a month. Plans were made for each of the divisions to do considerable research work. The second meeting of the Executive Board was held in St. Paul, January 31. Reports from the Mental Hygiene Division were very interesting as one meeting had been held and other meetings are planned every two weeks. The Rural group reported eighty-five county nurses, representing seventy-five counties, out of the eighty-six in Minnesota. A meeting of this group is soon planned. The Industrial group reported a survey of Industrial Nursing in the entire state. A group conference of Public Health Nurses was held on February 19. It was arranged by the state supervisor and the assistant supervisor of nurses. There were eight county nurses present, three community nurses, and four school nurses. The morning session was arranged for informal talks by Dr. A. J. Chesley, on Communicable Diseases; Phyllis Dacey, on Recruiting, on the Health Clown, and on Red Cross Nurses' Uniforms; by Elizabeth Yerxa, on County Child Welfare Boards, and on the Nurse as an Aid to the Social Worker; by Mr. H. A. Whitaker, on Water Supplies, Milk Supply, and Sewerage Disposal. These several talks proved to be very definite, interesting and most valuable to every nurse. The afternoon session was taken up with discussion on the Establishing of Permanent Dental Chairs or Clinics, Home Calls, and Nutritional Work and Teaching Hygiene in the Schools. Each nurse had some weeks before submitted in writing six subjects which she considered her most difficult problems, which she wished to have discussed at this round table. The subjects discussed follow: Hot School Lunches, Local Dental Chairs, Clinics, Publicity and Special Educational Work, Sanitation of School Buildings, Hygiene to High School Girls, Establishing Health Centers, Epidemics (Communicable Disease), Care of Mentally Defective, Follow Up Work (Home Calls), Nutritional Work, Caring for Tuberculosis Patients, Time of Meeting of Nursing Committee, General Public Health Nurse Education. Duluth.—DISTRICT ASSOCIATION No. 8 held a meeting recently. A committee was appointed at this meeting to draw up a questionnaire to be sent to every member of the district regarding a central registry. Mary O'Connell is secretary and treasurer. The St. Louis County Medical Association extended an invitation to this District Association to attend all of their regular meetings. St. Paul.—THE CITY AND COUNTY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 7. The following officers were elected: President, Sophia Olson; vice-presidents, Beatrice Bain and Hulda Petry; secretary, Theresa Conlon; treasurer, Miss Margaret

Greer; directors, Ada Edberg, Clare Hale and Agnes Leahy. The Alumnae Association entertained the February division of the graduating class on February 4. Miss Brink of the Public Health Association gave an excellent talk on Public Health Nursing at this time.

Missouri.—The Missouri State Board of Examination and Registration of Nurses will hold an examination for the registration of nurses in Kansas City and St. Louis on May 6 and 7. Applications should be sent to the secretary, Helen Wood, 600 South Kingshighway, St. Louis. St. Louis.—Many of the graduates of St. John's Hospital are doing varied and interesting work. Mary Kessler and Ethel Strange have completed a course in Public Health. Miss Strange has accepted a position in Seneca, Kansas. Elizabeth Sewald has accepted a position in Festus, Mo. Ethel Sands, Bernice Lynch and Mary Rose Dorais are technicians in St. Louis. The public health workers include: Mary Callahan at Camp Cody, N. M.; Julia Finney in Alexandria, La.; and Hazel Bell, Jessie Gustat and Nan Robbitt in St. Louis. Nellie Boothby is a U. S. Navy nurse and is in South America. Lillian Jacobsmeyer is doing industrial nursing for the United Railway Company in St. Louis. Maude Heighardt is doing industrial nursing in Akron, Ohio. Isabel Meyers, Sadie McLean and Genevieve Garvens Sparks are anesthetists. Lillian Fleming is doing institutional nursing in New York City. Helen Reynolds and Veronica Quinn are doing private duty nursing in San Francisco, Calif. The St. John's Alumnae Association recently presented to the hospital chapel an art glass window as a memorial for the deceased members of the Alumnae Association. Chillicothe.—The Chillicothe Hospital Alumnae Association have elected the following officers: President, Faye Lewis; vice-president, Loraine Clardy; treasurer, Ethel Stephey, and secretary, Ann Barre.

Nebraska.—District Association No. 3 held its third annual meeting on January 17. Following the reports of the secretary, treasurer and committees, Miss Freeburn gave a paper on Work in Lincoln Public Schools. Miss Lincoln spoke on Work in Lancaster County. Miss Cogill gave a paper on Nursing Ethics. Mr. Hartley suggested giving a course in the Lincoln schools such as was given in Hastings last year through the Vocational Board at the State University. The following officers were elected: President, Kate Lincoln; vice-presidents, Ethel Murry and Nelle Skinner; treasurer, Lillie Kraemer; secretary, Zella Smith; director, Sister Humberta. Falls City.—Grace Elizabeth Lansing has accepted the position of superintendent of nurses of the Community Hospital. Miss Lansing was formerly superintendent of nurses at the Foote Memorial Hospital, Jackson, Mich., of which school she is a graduate.

New Jersey.—The New Jersey State Nurses' Association will hold its annual meeting probably on April 6, at Hackensack. The New Jersey State Organization for Public Health Nursing will hold its annual meeting on April 30, at the Woman's Club, East Orange. The New Jersey State Department of Health has appointed the following nurses as teachers of Child Hygiene: Florence Bachman, Ethel Byrne, Anna K. Cowling, Mary R. Johnston, Ottilia E. Krein, Anna Lorenzo, Margaret McLean, Abbie O. Pierro, Jennie V. Rasmussen, Blanche Richart, Betty Schroeder, Elizabeth Spohn, Louise C. Stevens, Pauline Stricker and Margaret Ward. Seventy-nine nurses are following the State's plan of Child Hygiene work. Consultation stations have been established in communities to supplement the work of the nurse in the home. As a result of licensing boarding homes for children thorough investigations and surveys have been made and only those conforming to a certain standard are licensed.

Unnecessary separation of children from their parents in many instances has been prevented. Special emphasis has been given to the protection of the infant of the unmarried mother, and to solving the problems of the mother.

New York.—THE NEW YORK STATE BOARD OF NURSE EXAMINERS will hold an examination for the registration of nurses in New York, Albany, Syracuse, Buffalo and Rochester, June 27-29, and in New York, Albany, Syracuse and Buffalo, September 26-28. Applications should be filed with the secretary, Elizabeth C. Burgess, State Education Building, Albany. Buffalo.—DISTRICT ASSOCIATION No. 1 held its monthly meeting on February 16. It was voted that the decision for a central registry be left to the Alumnae Association of the Buffalo General Hospital. Reports were given of the convention held in Albany. The next meeting will be held March 16 and will be in charge of the Woman's Hospital Alumnae Association. Mary F. Evans, class of 1919, Buffalo Hospital of Sisters of Charity and graduate of Public Health Nursing Course, University of Buffalo, is doing public health nursing in Delhi, N. Y., under the auspices of the Delhi Red Cross Chapter. Rochester.—GENESEE VALLEY NURSES' ASSOCIATION, DISTRICT NO. 2, held a meeting on February 22. The general topic for the meeting was Children in Need of Special Care, and the meeting was in charge of Mary A. Laird, who has charge of the Public Health Nursing in Rochester. Several interesting papers were given. Miss D'Oller, who has recently returned from Greece, also told of her experiences. Members of the Lee Hospital and Park Avenue Hospital Alumnae Associations were hostesses. Syracuse.—Winifred Rooney of St. Albans, Vt., has accepted the position of assistant superintendent and instructor at the Hospital of the Good Shepherd to succeed Miss Everingham, who has accepted the position of superintendent of Auburn City Hospital. Miss Morris, graduate of Memorial Hospital and former superintendent of Auburn City Hospital, is now superintendent of Syracuse Homeopathic. Annie Bishop Trow, graduate of the Good Shepherd Hospital, and now a widow, is assisting the house physician at the Commodore Hotel, New York. Saranac Lake.—SARANAC LAKE GRADUATE NURSES' ASSOCIATION held a meeting on March 1, at which time the nurses enjoyed having as a guest Elizabeth C. Burgess. A nominating committee was appointed. New York.—THE MANHATTAN LOCAL COMMITTEE ON RED CROSS NURSING SERVICE at a recent meeting adopted resolutions expressing with deep sorrow the irreparable loss which it has suffered in the death of Caroline Brink. Miss Brink's years of nursing service, her quiet force and devotion were an inspiration to all. THE NEW YORK COUNTY NURSES' ASSOCIATION held its regular meeting on February 1. Dr. Robert Halsey of the Board of Directors of the Association for the Prevention and Relief of Heart Diseases, spoke on Heart Disease as a Community Problem. A detailed report was given by the committee appointed to secure data regarding building a club house. The Alumnae of the Post Graduate Hospital served refreshments. ST. LUKE'S ALUMNAE ASSOCIATION held its regular meeting on February 1. It was voted to accept the by-laws as revised to conform to the requirements of the American Nurses' Association. A committee was appointed to investigate the possibility of building a St. Luke's club house. Clara B. McMillan is chairman of the committee. M. W. Keller, class of 1911, St. Luke's Hospital, has resigned her position as office nurse for Dr. Lyle and has resumed her work in anesthesia at the New York Orthopedic Hospital. Mary Richardson, class of 1918, St. Luke's Hospital, has joined the Henry Street Settlement. THE NEW YORK POST GRADUATE HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION at its annual meeting elected the following officers: President, Josephine Hughes; secretary, Mildred A. Lamb;

treasurer, Emma C. Ludwig. The graduating class of forty-one members attended the March meeting. Florence M. Johnson of the Atlantic Division of the Red Cross addressed the meeting. THE MARGARET FAHNESTOCK SCHOOL OF NURSING on March 15th held graduating exercises for forty-one nurses. THE FRENCH HOSPITAL ALUMNAE ASSOCIATION held a successful dance at the Hotel Plaza on February 8. Mary M. Thompson, class of 1918, St. Luke's Hospital, has accepted a position as resident nurse and teacher of hygiene in the New Jersey College for Women, New Brunswick, N. J. Pauline Jerome, class of 1917, St. Luke's Hospital, is night supervisor at Sloane Maternity Hospital. Miss Tom, Miss Robinson, Miss Grayson, Miss Holland, Dorothy Jacobus and Mrs. Grace Rogers sailed recently for China to give three years' service in the Peking Medical College. Miss Reutenger has accepted the position of directress of nurses at Grasslands Hospital, Valhalla, Westchester County. Mary Vroom has accepted the position of superintendent of the Training School of St. John's Hospital, the Church Charity Foundation of Long Island. Louise Parsons, class of 1913, New York Hospital Training School, has resigned her position as instructor in the Army School of Nursing and has accepted a position as instructor of the United Hospital Training School in Portchester.

North Dakota.—THE NORTH DAKOTA BOARD OF NURSE EXAMINERS will hold an examination for registration of nurses in Fargo, April 5 and 6. Applications must be in the hands of the secretary, M. Clark, Devils Lake, at least ten days prior to the time set for examination. THE NORTH DAKOTA STATE NURSES' ASSOCIATION will hold its annual meeting in Grand Forks, April 27-29. Frances M. Ott, a director of the American Nurses' Association and Chairman of the Private Duty Section, will be the principal speaker.

Ohio: Cleveland.—THE OHIO STATE NURSES' ASSOCIATION, THE OHIO STATE LEAGUE OF NURSING EDUCATION, and THE OHIO STATE ORGANIZATION OF PUBLIC HEALTH NURSING will meet in joint session with the OHIO HOSPITAL ASSOCIATION in Cleveland during the week of May 16. The sessions devoted to nursing will take place Thursday and Friday, beginning with a banquet on the evening of May 18. The tentative program is as follows: Thursday forenoon, business, afternoon, private duty nursing; Thursday evening, open meeting; Friday forenoon, nursing education, afternoon, public health,—followed by a visit to Perry Home, Cleveland Nursing Center. The fifth lecture given under the auspices of the Isabel Hampton Robb Memorial Committee, was held on March 5, the subject being The Curriculum of the School of Nursing, by Dr. Hamman. The discussion was opened by Dr. F. Scott and Miss Wittler. The Educational Section of District No. 4 (formerly Cleveland League of Nursing Education) held a Valentine Party at the Nursing Center following the regular business meeting.

Oklahoma.—THE OKLAHOMA STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold examinations on June 2 and 3, at State Capitol, Oklahoma City. Applications should be filed with the secretary, Lela Carr, 915 West 23rd Street, Oklahoma City. THE OKLAHOMA PUBLIC HEALTH ASSOCIATION held an institute in Oklahoma City on February 18 and 19, which was attended by about forty public health nurses from all parts of the state. These gatherings are held three or four times each year for public health nurses employed by all organizations, and have been found eminently successful, not only in imparting much useful knowledge and information, but more especially by giving the nurses a broader outlook on the field of public health, encouraging those who are laboring under difficulties in pioneer communities, and giving the nurses an opportunity to meet each other and learn about the work going on outside their respective

communities. The institute consisted of lectures, round table discussions, and demonstrations. Following is an outline of the program: Development of Public Health Work in Oklahoma, by Jules Schevitz, General Secretary, Oklahoma Public Health Association; Coördination of Public Health Nursing in Oklahoma City, by Margaret Howard, Superintendent, Oklahoma City Public Health Nursing Association; Health Program Before the Eighth Legislature, by Dr. L. J. Moorman, President, Oklahoma City Anti-Tuberculosis Society; and Health Crusade Tournament, Henrietta Hart, Crusader Executive, Oklahoma Public Health Association. A school nursing demonstration was held under the direction of Anna Stanley, school nursing supervisor of the Southwestern Division, American Red Cross, and the nurses' round table was led by Rosalind Mackay, state director of public health nurses. The meeting was featured by an inspection of the open air school and by an exhibition of health films, also by a plea for recruiting of student nurses by Ethel G. Pinder, director of division of nursing, Southwestern Division, American Red Cross. Mrs. Bessie McColgin, only woman member of the House of Representatives, delivered an excellent address on Women's and Children's Legislation.

Pennsylvania: Philadelphia.—The Philadelphia General Hospital Alumnae Association is planning to have a reunion of all graduates of the school to be held on April 26, 27 and 28. Every graduate is urged to return at this time, and is asked to send her reply, as to her ability to do so, to the directress of the Training School. In order to carry out the schedule, it is necessary for the committee to know at an early date how many can attend. The reunion will be opened with a banquet on the evening of April 26, at which time the graduating class of 1921 will be guests of honor. On April 27 there will be a specially conducted trip through the hospital, new departments, and nurses' home. A special inspection is planned of the new pathological laboratory and heart station, with a lecture on basal metabolism and demonstration of the basal metabolism machine. There will be a reception by the Training School in the nurses' home in the evening. On April 8 a visit is planned to the occupational therapy, physical therapy and hydrotherapeutic departments, with descriptions of the work by the directors. Demonstrations in the teaching department will also be given, including work in the demonstration room, lantern room, science laboratory, dietetic laboratory, anatomy room and work by the physical director. Tea will be served at the Hospital for Contagious Diseases. School nurses, nurses from the Department of Child Hygiene and Visiting Nurse Society will be invited to meet graduates of the school. Elizabeth Miller, superintendent of nurses, will demonstrate the modern care of contagious diseases. The Mount Sinai Hospital Alumnae Association held its regular meeting on February 28. Mabel F. Grady, superintendent of nurses, gave an interesting talk on general topics of nursing. The proceeds of a theater benefit amounted to $279, which will be used toward an endowment of a room for the Alumnae Association. The Children's Homeopathic Hospital Alumnae Association held its regular meeting on February 21. Plans for raising money to endow a bed were discussed. Over a hundred dollars was raised by a theater benefit. The Samaritan Hospital Alumnae Association held its regular monthly meeting on January 25. The bazaar held in December netted over $1,000 for the endowment fund. Four new members were accepted. The Sick Committee reported several ill and many calls made. The indexing of the graduates of the school is nearly completed. On motion it was decided that we continue to pay the expenses of our delegates to conventions. $25.00 was pledged annually from the Association to the Nurses' Relief Fund and fourteen

individual pledges were made, of $1.00 each. The resignation of the president, due to illness, was read, but not accepted; leave of absence until such time as she feels able to return being granted. Following the business meeting which was well attended, Dr. G. C. Bird lectured on The History of X-ray Treatments, illustrating same by lantern slides. This lecture was also attended by the pupil nurses. Bethlehem.—Victoria White, who was Superintendent of St. Luke's Hospital for many years, has accepted a position as Superintendent of The Ishpeming Hospital, Ishpeming, Michigan. York.—Anna Shannon, graduate of the Moses Taylor Hospital, Scranton, Pa., has accepted a position as night superintendent in the York Hospital. Lillian Hopper, graduate of Altoona Hospital, Altoona, Pa., has accepted a position as charge nurse of a surgical floor at York Hospital.

Oregon: Portland.—Otelia Hendrickson, who was with the Visiting Nurse Association for four years, is now with the Swedish Mission in Hankow, China, in public health work. Jane V. Doyle, who was with Base Hospital No. 114 as chief nurse, has been made a member of the Executive Committee of Portland Post No. 1 of the American Legion. Baker.—Helen W. Kelly is organizing public health work in the schools.

Rhode Island.—The Rhode Island Board of Examiners of Trained Nurses will examine applicants for state registration at the State Capitol on May 26 and 27. Application blanks may be obtained from Lucy C. Ayers, Secretary-Treasurer, Woonsocket Hospital, Woonsocket. The Rhode Island Hospital Alumnae Association met on February 22. Mrs. W. W. Weeden spoke on the Work of the Immigration Committee of the Red Cross at the State Pier. The Rhode Island Hospital Nurses' Club held a meeting on February 1. Mrs. Anna M. Staebler gave a paper on The Industrial Nurse as a Public Health Factor. At the March meeting of the Club, E. F. Sherman told what the Providence Chapter of the Red Cross is doing for immigrants at the State pier. The Homeopathic Hospital Aid Association held a meeting on January 24. Annie W. Goodrich addressed the meeting. At the February meeting of St. Barnabas Guild for Nurses Lillian Hobart told of her work as social service worker at the Rhode Island Hospital.

South Carolina.—The South Carolina State Nurses' Association will hold a meeting in Columbia on April 18, 19 and 20, instead of on April 27, 28 and 29, as previously announced.

South Dakota: Tyndall.—Mrs. Robert Harland, graduate of St. Mary's Hospital, Rochester, Minn., has been employed as county nurse, Bon Homme County, by the Red Cross Chapter. Avon.—Lydia Steinmierer, a recent graduate of Lutheran Hospital, St. Louis, Mo., has returned to her home, where she will engage in private duty nursing. Rapid City.—Georgene Shedd has been engaged as Instructor, Home Hygiene and Care of the Sick, by the Northern Division, American Red Cross. Watertown.—Florence Walker, county nurse, Codington County, has resigned her position. She will be succeeded by Mrs. Margaret Hoover. Aberdeen.—Emma Colleran, graduate of St. Luke's Hospital, has accepted the position as superintendent of nurses, Lincoln Hospital, Aberdeen. Sioux Falls.—Gerda M. Jacobson, graduate of the University of Colorado Hospital, has accepted the position of Red Cross Visiting Nurse. Ft. Pierre.—Margaret M. Martens, of Milbank, has been engaged as county nurse by the Red Cross Chapter.

Texas.—The Texas Graduate Nurses' Association will hold its annual meeting in Galveston, May 3, 4 and 5.

Utah.—The Utah State Nurses' Association held its annual meeting on January 3, with afternoon and evening sessions. No details have been received,

save that Mrs. Crossland was reflected president. Salt Lake City.—Miss Fife, who has been most successful as registrar of the central directory during her three-year term of service, has resigned, to the regret of all the association members. She expects to take up visiting nurse work in Canada.

Washington.—THE WASHINGTON STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting May 5, 6 and 7, in Wenatchee.

West Virginia.—DISTRICT No. 1 held its regular quarterly meeting in Fairmont on January 29. The morning session was devoted to registration of members and payment of dues. The afternoon session was called to order by Mrs. Susan Cook, President, of West Virginia State Nurses' Association. Rev. J. E. Gordon, who offered the invocation, also gave the address of welcome. The reports of the secretary and treasurer were read and approved. The report of treasurer showed a balance of $437.24 on hand. A bill, providing for examination and registration of practical nurses, and which is now before West Virginia state legislature, was read by Mrs. Susan Cook. This bill was approved by the members in session. The report of secretary of the Examining Board was followed by a paper, The Private Duty Nurse, from a Nurse's Standpoint, by Elizabeth Giffen of Fairmont. Problems of Nursing Education was the topic of a very interesting paper, which gave much food for thought, by Frances Wales, Assistant Principal of Nurses, Ohio Valley General Hospital, Wheeling, W. Va. The Progressive or Twentieth Century Nurse, by Louise Stephens of Wheeling, was well received. Lena L. Allison, Supervisor of Public Health Nurses, Clarksburg, gave an interesting address on Development of Public Health Nursing in Clarksburg. Eight baby clinics have been instituted; there is good cooperation with the doctors; health crusades have been conducted in all schools; the fourth and fifth grade pupils have health clubs, having their own critic and judge, and every two weeks the students read essays on health. Dr. L. D. Howard of Fairmont gave a paper on The Private Duty Nurse, from a Doctor's Standpoint. Dr. Howard gave some good, sound advice as to the duties and obligations devolving upon a nurse in a private home or in a hospital and what her department should be. A paper, My Initiation Into Public Health Nursing, was read by Helen M. Fair, of Clarksburg. Gertrude Wuestheff, of Charleston, chose for her subject, The Public Health Nurse and Maternal Welfare. A report of the progress of the Wheeling Associated Charities was read by W. Louise Kochert. Mrs. Joseph Rozier, executive secretary of the Home Service Section of the American Red Cross, Fairmont, gave an interesting report of the work accomplished by that branch. Mrs. Susan Cook, Supervisor of Public Health Center, Wheeling Chapter, American Red Cross, also gave a report of the work done by the chapter in Wheeling. A discussion by the public health nurses followed, after which the afternoon session adjourned, and the nurses enjoyed dinner at the Fairmont Hotel. The evening session was called to order by Mrs. Cook, and Dr. L. D. Norris of Fairmont gave a paper on The Nurse's Duties before, during, and after Anaesthesia. Dr. Carter S. Fleming of Fairmont gave a very interesting talk on The Technique of Obstetrics, Normal and Abnormal, illustrating his talk with motion pictures. The evening programme was concluded with a motion picture, Nurses' Training of New York Post Graduate Hospital Training School for Nurses. It was not fully decided whether the district would hold its regular quarterly meeting in April, or whether it would meet with the State Association of Public Health Nurses in Charleston in April. Wheeling.—THE ALUMNAE ASSOCIATION OF THE OHIO VALLEY GENERAL HOSPITAL, as a token of appreciation for her years of service, presented to Mrs.

Susan Cook an electric coffee service at a reception held in her honor on January 1, on her twenty-fifth anniversary as a nurse. Mrs. Cook for the past four years has been in public health work, having first been state tuberculosis nurse and later supervisor of the Wheeling Public Health Center.

Wisconsin.—The Wisconsin Committee of Examiners of Registered Nurses at a meeting in Madison on February 17 elected the following officers: Chairman, Grace Crafts, General Hospital, Madison; secretary, Harriet H. MacCormack, Whitehall Community Hospital, Whitehall. Milwaukee.—Levina Dietrickson has resigned as registrar of the nurses' club.

BIRTHS

On January 19, to Mr. and Mrs. O. Gagnon, a daughter, Louise Myrtle. Mrs. Gagnon was Grace Lindsey, graduate of the Illinois Training School, Chicago, Ill.

On March 1, at Presbyterian Hospital, Chicago, Ill., a son, to Dr. and Mrs. William Hewitt. Mrs. Hewitt was Ada A. Monroe, class of 1912, Presbyterian Hospital, Chicago.

Recently, a son, to Dr. and Mrs. George Venable of New Sharon, Ia. Mrs. Venable was Miss Jinks, class of 1917, St. Luke's Training School for Nurses, Chicago, Ill.

On January 15, a son, to Mr. and Mrs. John Wilson. Mrs. Wilson was Kathryn Lewis, class of 1907, Samaritan Hospital, Philadelphia, Pa.

On January 8, a son, to Dr. and Mrs. Gordon W. Schurch. Mrs. Schurch was Ida F. Price, class of 1917, Samaritan Hospital, Philadelphia, Pa.

Recently, a son, to Dr. and Mrs. John Day. Mrs. Day was Mary Scales, graduate of the Children's Hospital, Boston, Mass.

On January 30, a daughter, to Mr. and Mrs. Leonard Sibley. Mrs. Sibley was Ethel Malcom, class of 1915, Episcopal Hospital, Philadelphia, Pa.

On March 1, a son, Carl C., Jr., to Dr. and Mrs. Carl Gage. Mrs. Gage was Sylvia Schaub, class of 1918, Episcopal Hospital, Philadelphia, Pa.

On February 16, in Altoona, Pa., a daughter, Katherine Regina, to Mr. and Mrs. Charles Plummer. Mrs. Plummer was Ruth Rupp, class of 1915, Altoona Hospital, Altoona, Pa.

Recently, to Mr. and Mrs. John Tholl, a son. Mrs. Tholl was Nell Glendeming of Council Bluffs.

On February 1, a daughter, to Mr. and Mrs. Joseph Brown. Mrs. Brown was Anna Nemec, class of 1918, Lenox Hill Hospital, New York.

On March 11, a daughter, Hildegarde Elizabeth, to Mr. and Mrs. B. Minthe. Mrs. Minthe was Clara Geisselhardt, class of 1914, Lenox Hill Hospital, New York.

On January 18, in Perry, N. Y., a son, to Mr. and Mrs. Clark Wellman. Mrs. Wellman was Charlotte Fisher, class of 1911, Park Avenue Hospital, Rochester, N. Y.

On January 28, in Macedon, a daughter, to Mr. and Mrs. Briggs. Mrs. Briggs was Miss Lauder, class of 1917, Park Avenue Hospital, Rochester, N. Y.

In December, a son, to Mr. and Mrs. James Dixon. Mrs. Dixon was Mary Marsh, class of 1909, St. Luke's Hospital, New York.

MARRIAGES

Recently, Lillian Russel, graduate of Nova Scotia Hospital, Training School, Halifax, N. S., to E. G. Robinson. Mr. and Mrs. Robinson will live in Weiser, Idaho.

On January 29, in Chico, California, Pamilla Peck, class of 1918, Presbyterian

Hospital, Chicago, to Vernon Alderson, M.D. Miss Peck has been in U. S. Public Health Service for the past year in Palo Alto, California.

Recently, Louise Clavier, class of 1918, Lord Lister Hospital, Omaha, Neb., to Anthony Frank Stock. Mr. and Mrs. Stock will live in Los Angeles, Calif.

Recently, Meeta Montgomery, class of 1917, University Hospital, Iowa City, Iowa, to George A. McKee. Mr. and Mrs. McKee will live in Davenport, Iowa.

Recently, in Chicago, Doris Palmer, class of 1916, St. Luke's Hospital Training School, Chicago, Illinois, to John L. Rock, M.D. Dr. and Mrs. Rock will live in Minnesota.

Recently, Ida Etta Knowles, class of 1913, Mercy Hospital, Baltimore, Md., to Mr. Blades. Mr. and Mrs. Blades will live in Gibson City, Ill.

Recently, Sarah V. McGivern, class of 1915, Mercy Hospital, Manistee, Michigan, to Mr. Talbot. Mr. and Mrs. Talbot will live in Manistee, Michigan.

Recently, Ethel M. Kangley, class of 1913, Lake View Hospital, Chicago, Ill., to E. S. Johnstone. Mr. and Mrs. Johnstone will live in Chicago, Ill.

Recently, Laura Ethel Comfort, class of 1913, Women's Hospital, Philadelphia, Pa., to Daniel Birdsall. Mr. and Mrs. Birdsall will live in Detroit, Mich.

Recently, Millie Halgrim, class of 1912, St. Luke's Hospital, Milwaukee, Wis., to Mr. Raw. Mr. and Mrs. Raw will live in Garneil, Montana.

Recently, Eva Amora Shalain, class of 1913, Michael Reese Hospital, Chicago, Ill., to Robert Reid, M.D. Dr. and Mrs. Reid live temporarily in Cleveland, Ohio.

Recently, in Elmira, N. Y., Hettie Webb, class of 1919, St. Luke's Hospital Training School, Bethlehem, Pa., to Fred Stone. Mr. and Mrs. Stone will live in Elmira.

On December 25, 1920, in Bethlehem, Pa., Ida C. Flickinger, class of 1912, St. Luke's Hospital Training School, Bethlehem, Pa., to Floyd Wachter.

On January 12, in Bethlehem, Pa., Louise Schuchhok, class of 1914, St. Luke's Hospital Training School, Bethlehem, Pa., to William Kingston. Mr. and Mrs. Kingston will live in Bethlehem, Pa.

On February 12, at Newark, N. J., Alice Nicholas, class of 1919, St. Luke's Hospital Training School, Bethlehem, Pa., to Richard Jones. Mr. and Mrs. Jones will live in Elizabeth, N. J.

Recently, Florence Myers, class of 1920, York Hospital Training School, York, Pa., to William Kirkwood. Mr. and Mrs. Kirkwood will live in York.

Recently, Miriam Platts, class of 1920, York Hospital Training School, to Mr. Hoffman. Mr. and Mrs. Hoffman will live in Lancaster, Pa.

On February 15, in Portland, Ore., Laura Wilhelmina Lehman, class of 1915, St. John's Hospital, St. Paul, Minn., to James Andrew Dewey. Miss Lehman spent one year in service at Camp Zachary Taylor.

On February 26, in White Plains, N. Y., Lucy Diana Adams, class of 1910, Boston City Hospital, Boston, Mass., to H. John Mahew. Mr. and Mrs. Mahew will live in White Plains.

On November 25, Florence Eyre Pierce, class of 1916, Fordham Hospital, New York City, and class of 1917, Franklin Children's Hospital, New York City, to Howard Manfred Shaffer. Lieutenant and Mrs. Shaffer will live in Newport, R. I.

On February 5, in Chicago, Ill., Frederica Wagner, to Alfred W. Humble.

On November 5, Effie Jackson, class of 1920, Illinois Training School, Chicago, to Roy Denham. Mr. and Mrs. Denham live in Terre Haute, Ind.

On November 10, Martha J. Pickling, graduate of Owatoona City Hospital, and postgraduate of City and County Hospital, St. Paul, Minn., to William Crickmore. Mr. and Mrs. Crickmore live in Owatoona, Minn.

On February 14, Isabelle Loughrey, class of 1916, St. Luke's Hospital, Utica, N. Y., to Howard LaRue McCall. Miss Loughrey served with Base Hospital No. 48 in France. Mr. and Mrs. McCall live in New York City.

On November 24, in Machias, Me., Florence Ethel Hanscom, class of 1914, Quincy City Hospital, Quincy, Mass., to Ernest Wilson Gay. Mr. and Mrs. Gay will live in Jonesboro, Me.

Recently, Ella E. Brower, class of 1919, New Samaritan Hospital, Sioux City, Ia., and postgraduate, class of 1919, Mt. Sinai Hospital, New York, to Rev. Glenn D. Glazier. Mrs. Glazier still holds her position as supervisor of nurses at the New Samaritan Hospital.

Recently, Martha B. Pierce, graduate of Chester County Hospital, West Chester, Pa., to Alfred R. Roberts. Mr. and Mrs. Roberts live in Cochranville, Pa.

On November 3, in New York City, Rebecca E. Fortescue, to James A. Clark, M.D. Dr. and Mrs. Clark live in New York City.

On November 20, in New York City, Katherine Wells, class of 1916, New York Hospital Training School, to Harry H. Reeve. Mr. and Mrs. Reeve live in Greenport, L. I.

On January 26, in West New York, N. J., Lulu Becker, class of 1917, Long Island College Hospital, Brooklyn, N. Y., to Ausin Ferry. Mr. and Mrs. Ferry will live in Newport News, Va.

Recently, in Lorelei, Saskatchewan, Canada, Frances Scarry, class of 1906, Union Hospital, Fall River, Mass., to Charles Main. Professor and Mrs. Main will live in Lorelei.

On December 25, Carrie Cox, class of 1911, Protestant Deaconess Hospital, Indianapolis, Ind., to John W. Bell. Mr. and Mrs. Bell will live in Sheridan, Ind.

Recently, Mary Forsythe, class of 1918, Episcopal Hospital, Philadelphia, Pa., to Harry McGargle. Mr. and Mrs. McGargle will live in Philadelphia, Pa.

On December 21, in Moline, Ill., Malvina Larson, class of 1920, Lutheran Hospital, Moline, Ill., to Ralph Truxell. Mr. and Mrs. Truxell will live in Moline.

On March 6, in Roxbury, Mass., Alice Magerson, graduate of Massachusetts State Infirmary, to John McHugh.

On February 10, Emma Bracewell, graduate of Massachusetts State Infirmary, to John W. Dugan. Mr. and Mrs. Dugan will live in Chicago, Ill.

On February 18, Katherine Dowling, class of 1915, Massachusetts State Infirmary, to Lyman Pratt. Mr. and Mrs. Pratt will live in Weymouth, Mass.

Recently, Elizabeth Swingle to Carl Risch. Mr. and Mrs. Risch live in Clementson, Minn. Miss Swingle was connected with Unit K, while in service.

Recently, Sarah Miles to Oluf Bond. Mr. and Mrs. Bond live in Council Bluffs, Iowa. Miss Miles served with Unit K.

Recently, Bertha Beyer to John Nichols. Mr. and Mrs. Nichols will live at Walnut, Ia. Miss Beyer served with Unit K.

Recently, Ethel Lessenger to Melvin Groves. Mr. and Mrs. Groves live on a ranch near Gross, Neb. Miss Lessenger served with Unit R.

Recently, Lillian Nelson of Council Bluffs, Ia., to Paul Trimble.

Recently, Anna Van Tursch of Council Bluffs, Ia., to Reed Zimmerman.

On December 27, in New York City, Florence Mabel Hawkridge, class of 1919, French Hospital, New York, to Edward Alexion. Mr. and Mrs. Alexion will live in New York.

On February 27, in Maplewood, N. J., Mary Margaret McLean, class of 1920, Lenox Hill Hospital, New York City, to Horace T. Chisholm.

DEATHS

In February, at LaCrosse, Wis., Anne Beisel, class of 1913, St. Luke's Hospital, Chicago, Ill. Miss Beisel had been suffering from carcinoma.

On December 21, in Seeley, Calif., Mrs. Elmer Harley. Mrs. Harley was Charlotte B. Darlington, class of 1905, Samaritan Hospital, Philadelphia, Pa. She was much loved by all her associates.

On January 2, at The Pines, Asheville, N. C., Gertrude Stillwagon, class of 1918, Pittsburgh Hospital, Pittsburgh, Pa.

On February 14, in Providence, R. I., Mabel Louise Chase, graduate of the Massachusetts General Hospital Training School. Miss Chase was night supervisor at the U. S. P. H. Hospital, Parker Hill, Roxbury, Mass.

On January 20, in Albany, N. Y., Inez Esther Johnson, graduate of the Brooklyn Memorial Hospital. Miss Johnson went to France in June, 1917, with five other nurses from the Capital District. She was attached to Base Hospital No. 101 at St. Nazaire, and was later transferred to an evacuation hospital in the Toule Sector, where she contracted tuberculosis. She returned to the United States in January, 1919, and received treatment in various military hospitals in North Carolina and Denver, Colorado, later returning to her home in Albany. All who knew Miss Johnson feel deeply the loss of one who gave herself so freely, and who was so faithful and sympathetic a friend.

On February 21, at Christ Hospital, Jersey City, N. J., following an operation for cancer, Mrs. Belle Henry. Mrs. Henry was Belle Robinson, class of 1903, Christ Hospital, Jersey City. Many friends mourn her loss.

On March 6, in Springfield, Ill., Irene Bowers, class of 1908, Christ Hospital, Jersey City, N. J. Miss Bowers contracted influenza while in service and never fully recovered.

On December 10, in Great Falls, Mont., Mrs. Heffter, formerly Caroline Hofer, class of 1915, Long Island College Hospital, Brooklyn, N. Y. Mrs. Heffter's sudden and unexpected death following the birth of a son, Robert George, on December 3, came as a shock to her many friends.

On February 23, at Tucson, Ariz., Elizabeth V. Coutanche, class of 1913, Union Hospital, Fall River, Mass., after being ill only fourteen hours with pneumonia.

On February 15, at Deaconess Hospital, Chicago, Ill., following a short illness, Elsie Traeger, class of 1906, Woman's Homeopathic Hospital, Philadelphia, Pa. Miss Traeger was a member of the American Legion, Jane A. Delano Post, No. 185, Chicago.

On January 31, in New York, Mary A. Johnson. The Nurses' Club of Teachers College writes: "Miss Johnson, a native of Gilroy, Ohio, was a graduate of the Presbyterian Hospital Training School for Nurses in New York and had been for the past few years an instructor there, as well as a student at Teachers College. During the war, she taught nursing subjects at the Vassar College Training Camp for nurses. She was dearly loved by her pupils in whose interest she untiringly labored. Miss Johnson was working for her degree of Bachelor of Science at Teachers College; she would have been graduated in June. Hers was an unusual character, lovable and true, and although she was not a strong woman, she had indomitable courage. We all felt the contagion of her smile as well as of her earnest and conscientious work. The shock of her death throws a shadow across the sunlight of our path, and by her loss our profession sustains an irreparable loss."

BOOK REVIEWS

GRACE H. CAMERON, R.N., DEPARTMENT EDITOR

MANUAL OF BACTERIOLOGY AND PATHOLOGY FOR NURSES. By Jay G. Roberts, Ph.D., M.D. Third Edition, thoroughly revised. W. B. Saunders Company, Philadelphia and London. Price, $2.00.

A practical and comprehensive text-book, based upon lectures given to student nurses, not essentially different from other text-books on this subject.

THE MAJOR SYMPTOMS OF HYSTERIA. By Pierre Janet, Ph.D., M.D. Second Edition, with new matter. The Macmillan Company, New York.

A volume containing fifteen lectures given originally in the Harvard Medical School, in 1906, by Dr. Janet, professor of psychology in the Collège de France. In the introduction to this edition the author states that but few modifications have been made, as "the interest of a scientific work resides almost always in the date at which it was drawn up." Although delivered to medical students the lectures are of interest to nurses, especially to those employed in the care of mental and nervous patients.

OUTLINES OF INTERNAL MEDICINE, FOR THE USE OF NURSES AND JUNIOR MEDICAL STUDENTS. By Clifford Bailey Farr, A.M., M.D. Third and Revised Edition. Lea and Febiger, Philadelphia and New York. Price, $2.50.

An excellent reference book for Senior students in schools of nursing. The subject matter is not too technical and is clear and comprehensive. Symptoms and conditions are definitely detailed. The illustrations are numerous and instructive.

A HANDBOOK OF MIDWIFERY, FOR MIDWIVES, MATERNITY NURSES, AND OBSTETRIC DRESSERS. By Comyns Berkeley, M.D. Fifth Edition, Enlarged, with Color Frontispiece and 74 Illustrations. Published by Paul B. Hoeber, 67-69 East 59th Street, New York City. Price, $2.25.

Dr. Berkeley is a well known obstetrician and gynecologist of London, England. There they have a Central Midwives' Board which governs and arranges for the training, examination and practicing of midwives. She may be an untrained woman. If so, she must take a training of six months in this subject, while a trained nurse has a course of four months. The book was written for these English and Colonial students, but is a practical and detailed account of a nurse's

duties, cares and problems when undertaking the charge of a maternity patient.

OLD AT FORTY OR YOUNG AT SIXTY. By Robert S. Carroll, M.D. The Macmillan Company, New York. Price, $2.25.

We have reviewed in these columns other books by Dr. Carroll, all of which teach the art and science of right living. The present volume but adds to the list, the sub-title being, "Simplifying the Science of Growing Old." We are told the vital faults of living. The essential causes of untimely decrepitude are clearly revealed. We are introduced anew to, and shown the true value of, an old friend, "Honestly Tired." As the defects of present living are brought to light, there is placed before us a sane, simple and satisfying, if a bit exacting, reconstruction routine for every-day use. This includes diet, exercise, sleep, work and play. To reach a blessed old age, "the soul must turn away from the selfish things of self to a self-effacing life of cheerful service for our kind."

PRACTICAL PSYCHOLOGY AND PSYCHIATRY. Fifth Edition, Revised and Enlarged. By C. B. Burr, M.D. Published by F. A. Davis Company, Philadelphia. Price, $2.00.

The first edition of this excellent text-book was printed about twenty years ago. The present edition has been thoroughly revised and new matter added. The first part teaches the fundamental principles of psychology in a simple way and relates it directly to the forms of insanity. The pupil is thus prepared more easily to understand the lessons which follow.

BANDAGES AND BANDAGING FOR NURSES. By M. Cordelia Cowan. With 139 Illustrations. W. B. Saunders Company, Philadelphia and London. Price, $2.00.

A book on bandaging, with explicit, concise directions and clear, instructive illustrations. There is no extraneous matter but everything about bandages and bandaging is found here. Every nurse should own a copy.

PRACTICAL TUBERCULOSIS. A Book for the General Practitioner and Those Interested in Tuberculosis. By Herbert F. Gammons, M.D. C. V. Mosby Company, St. Louis. Price, $2.00.

As the author states, this book is for the general practitioner. It deals with the subject in a practical way especially from the standpoint of diagnosis and treatment. The author has had experience in the care of tuberculosis patients and in this way gives the results of his experience for the benefit of those with less knowledge of this dread disease.